

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

ENDO INTERNATIONAL plc, *et al.*,

Debtors.¹

Chapter 11

Case No.: 22-22549 (JLG)

Jointly Administered

**GLOBAL NOTES AND STATEMENTS REGARDING THE DEBTORS' SCHEDULES
OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

On August 16, 2022 (the “Petition Date”), Endo International plc (“Endo Parent”) and its debtor affiliates, as debtors and debtors in possession (each a “Debtor,” collectively, the “Debtors” and, together with their non-debtor affiliates, the “Company”), commenced voluntary cases (the “Chapter 11 Cases”) under chapter 11 of title 11, United States Code (the “Bankruptcy Code”) in the United States Bankruptcy Court for the Southern District of New York (the “Bankruptcy Court”).

The Debtors continue to operate their businesses and manage their properties as debtors and debtors in possession, pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The Chapter 11 Cases have been consolidated for procedural purposes only and are being jointly administered under case number 22-22549 (JLG).

The Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “Statements”) were prepared pursuant to Bankruptcy Code section 521 and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”) by management of the Debtors with unaudited information available as of the Petition Date.

These *Global Notes and Statements Regarding the Debtors' Schedules of Assets and Liabilities and Statements of Financial Affairs* (these “Global Notes”) are incorporated by reference in, and comprise an integral part of, each of the Debtors' Schedules, sub-Schedules, Statements, sub-Statements, exhibits, and continuation sheets, and should be referred to in connection with any review of the Schedules and Statements. Disclosure of information in one Schedule, sub-Schedule, Statement, sub-Statement, exhibit, or continuation sheet, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit, or continuation sheet.

¹ The last four digits of Debtor Endo International plc's tax identification number are 3755. Due to the large number of debtors in the chapter 11 cases, a complete list of the debtor entities and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information may be obtained on the website of the Debtors' claims and noticing agent at <https://restructuring.ra.kroll.com/Endo>. The location of the Debtors' service address for purposes of the chapter 11 cases is: 1400 Atwater Drive, Malvern, PA 19355.

The Schedules and Statements and these Global Notes should not be relied upon by any persons for information relating to current or future financial conditions, events, or performance of any of the Debtors.

Reservation of Rights. The Debtors' Chapter 11 Cases are large and complex. The Debtors' management has made every reasonable effort to ensure that the Schedules and Statements are as accurate and complete as possible, based on the information that was available to them at the time of preparation.

The Debtors have made reasonable efforts to schedule the assets and liabilities, required financial information, and cash disbursements according to the appropriate Debtor entity. However, because the Company's accounting systems and practices were developed for consolidated reporting purposes, it is possible that not all scheduled information is attributed or recorded with the correct Debtor entity on these Schedules and Statements.

Subsequent information or discovery may result in material changes to these Schedules and Statements. As the Schedules and Statements contain unaudited information, which is subject to further review, verification, and potential adjustment, there can be no assurance that these Schedules and Statements are accurate and/or complete. Accordingly, the Debtors reserve all rights to supplement and amend the Schedules and Statements.

The Debtors have made reasonable efforts to characterize, classify, categorize or designate the claims, assets, executory contracts, unexpired leases, and other items reported in the Schedules and Statements correctly. Due to the complexity and size of the Debtors' businesses, however, the Debtors may have improperly characterized, classified, categorized, or designated certain items. In addition, certain items reported in the Schedules and Statements could be included in more than one category. In those instances, one category has been chosen to avoid duplication. Further, the designation of a category is not meant to be wholly inclusive or descriptive of the rights or obligations represented by such item.

Nothing contained in the Schedules and Statements or these Global Notes shall constitute an admission or a waiver of rights with respect to the Chapter 11 Cases, including, but not limited to, any issues involving substantive consolidation for plan purposes, subordination, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and other relevant non-bankruptcy laws to recover assets or avoid transfers. For the avoidance of doubt, listing a claim on Schedule D as "secured," on Schedule E as "priority unsecured," on Schedule F as "nonpriority unsecured," or listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the claimant and/or contractual counterparty, or a waiver of a Debtor's right to recharacterize or reclassify such claim or contract. Failure to designate a claim on a given Debtor's Schedules as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such amount is not "disputed," "contingent," or "unliquidated" or that such claim is not subject to objection. The Debtors reserve their respective rights to dispute, or assert offsets, setoffs, or defenses to, any claim reflected on the Schedules as to the nature, amount, liability, or status or to otherwise subsequently designate any claim as disputed, contingent, and/or unliquidated.

1. **Basis of Presentation.** The Company historically prepared consolidated unaudited quarterly and consolidated audited annual financial statements, which include all of the Debtors, as well as affiliated non-Debtor entities. Unlike the consolidated financial statements, the Schedules and Statements generally reflect the assets and liabilities of each Debtor on a non-consolidated basis. Accordingly, the amounts listed in the Schedules and Statements will likely differ, at times materially, from the consolidated financial reports prepared historically by the Company.

Although the Schedules and Statements may, at times, incorporate information prepared in accordance with United States generally accepted accounting principles (“GAAP”), the Schedules and Statements neither purport to represent nor reconcile to financial statements otherwise prepared and/or distributed by the Debtors in accordance with GAAP or otherwise.

2. **Reporting Date.** Each Debtor operates on a fiscal year ending on December 31st annually. All asset and liability information, except where otherwise noted, is provided as of the Petition Date.

3. **Currency.** All amounts are reflected in U.S. dollars, which the Company uses as its reporting currency. Unless otherwise noted, the Debtors used conversion rates provided by Bloomberg Markets as of the Petition Date. One significant exception is the value of prepetition transfers, which were valued using the conversion rates as of the date of such transfer.

4. **Estimates and Assumptions.** The preparation of the Schedules and Statements required the Debtors to make estimates and assumptions that affect the reported amounts of certain assets and liabilities, the disclosure of certain contingent assets and liabilities, and the reported amounts of revenue and expense. Actual results could differ materially from these estimates. The Debtors reserve the right to amend the reported amounts of assets, liabilities, revenues, and expenses to reflect changes in those estimates or assumptions.

5. **Totals.** All totals included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined values or, conversely, claims listed as unliquidated, contingent and/or disputed, the actual totals may differ from the listed totals.

6. **Undetermined, To be Determined or Unknown Amounts.** The description of an amount as “undetermined,” “to be determined,” or “unknown” is not intended to reflect upon the materiality of such amount. Certain amounts may be clarified during the course of the Chapter 11 Cases.

7. **Asset Presentation and Valuation.** The Debtors’ assets are presented at values consistent with their books and records. These values do not purport to represent the ultimate value that would be received in the event of a sale and may not represent economic value as determined by an appraisal or other valuation technique. As it would be prohibitively expensive and an inefficient use of estate assets for the Debtors to obtain current economic valuations for all of their assets, unless otherwise noted, the carrying value on the Debtors’ books (*e.g.*, net book value), rather than current economic values, is reflected on the Schedules and Statements.

8. **Cash Management.** The Debtors use an integrated, centralized cash management system to facilitate the collection, concentration and disbursement of the various Debtors' funds in approximately five countries around the world. As a result, certain payments in the Schedules and Statements may have been made prepetition by one entity on behalf of another entity through the operation of the consolidated cash management system. A description of the Debtors' prepetition cash management system is contained in the *Motion of the Debtors for Entry of Interim and Final Orders (I) Authorizing the Debtors to (A) Continue Using Existing Cash Management Systems, Bank Accounts, and Business Forms and (B) Implement Changes To Their Cash Management System In The Ordinary Course Of Business; (II) Granting Administrative Expense Priority for Postpetition Intercompany Claims; (III) Granting a Waiver With Respect to the Requirements of 11 U.S.C. § 345(b); and (IV) Granting Related Relief* [Docket No. 16].

9. **Contingent Assets and Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties as assets in their Schedules and Statements, including, but not limited to, avoidance actions arising under Chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy laws to recover assets. The Debtors reserve all of their rights with respect to any causes of action, avoidance actions, controversy, right of set-off, cross-claim, counterclaim, or recoupment, and any claim in connection with any contract, breach of duty imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertible directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law or in equity, or pursuant to any other theory of law they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such claims, causes of actions, or avoidance actions or in any way prejudice or impair the assertion of such claims.

The Debtors may also possess contingent and unliquidated claims against affiliated entities (both Debtor and non-Debtor) for various financial accommodations and similar benefits they have extended from time to time, including, but not limited to, contingent and unliquidated claims for contribution, reimbursement, and/or indemnification arising from various (i) guarantees, (ii) indemnities, (iii) intercompany loans, (iv) tax-sharing agreements, (v) warranties, (vi) operational and servicing agreements, (vii) shared service agreements, and (viii) other arrangements.

10. **Guarantees and Other Secondary Liability Claims.** The Debtors have used their reasonable best efforts to locate and identify guarantees and other secondary liability claims (collectively, "Guarantees") in each of their executory contracts, unexpired leases, secured financings, debt instruments, and other similar agreements. Where such Guarantees have been identified, they have been included in the relevant Schedules of the Debtor or Debtors affected by such Guarantees. Where a Guarantee exists, co-obligors are listed on a Debtor's Schedule H to the extent the Debtor is either the primary obligor or the guarantor of the relevant obligation. To the extent that a Debtor is a guarantor, such Guarantees are also listed on its Schedule D or E/F, as appropriate, and listed as "contingent" and "unliquidated" unless otherwise specified. Further, it is possible that certain Guarantees embedded in the Debtors' executory contracts, unexpired

leases, secured financings, debt instruments and other such agreements may have been inadvertently omitted. Thus, the Debtors reserve their rights to amend the Schedules and Statements to the extent that additional Guarantees are identified. In addition, the Debtors reserve the right to amend the Schedules and Statements to recharacterize, reclassify, add, or remove any such contract or claim.

11. Pledged Assets. Substantially all of the assets listed on the Debtors' Schedule A/B have been pledged as collateral by the Debtors to secure certain obligations. Assets pledged as collateral are more fully described in the *Debtors' Motion of the Debtors for Entry of Interim and Final Orders (i) Authorizing Debtors to use Cash Collateral; (ii) Granting Adequate Protection to Prepetition Secured Parties; (iii) Modifying the Automatic Stay; and (iv) Granting Related Relief* [Docket No. 17].

In certain instances, Endo Parent or another Debtor may be a co-obligor or guarantor with respect to the obligations of another Debtor or non-Debtor, which obligation or guarantee is secured by property pledged by the Debtor. To the extent that a Debtor no longer holds title to the pledged collateral securing an obligation or guarantee, such obligation or guarantee is considered unsecured and is listed on that Debtor's Schedule F.

12. Leases and Executory Contracts. Nothing herein or in the Schedules or Statements shall be construed as a concession, admission or evidence as to the determination of the legal status of any leases identified in the Schedules or Statements, including whether such leases: (i) constitute an executory contract within the meaning of section 365 of the Bankruptcy Code or other applicable law; or (ii) have not expired or been terminated or otherwise are not currently in full force and effect, and the Debtors reserve all of their rights.

13. Intercompany Transactions. Net intercompany balances between a given Debtor and other Company entities as of the Petition Date are reported on such Debtor's Schedules in response to Question AB77 (Other property of any kind not already listed) for net intercompany receivables and Question F for any net intercompany payables.

14. Liabilities. Some of the scheduled liabilities are unknown, contingent, and/or unliquidated at this time. In such cases, the amounts are listed as "unknown," "to be determined," or "undetermined." Further, liabilities such as certain deferred liabilities, accruals, or general reserves are not included as they are general estimates and do not represent specific claims as of the Petition Date for each Debtor. Accordingly, the total amounts listed for some categories of liabilities in the Schedules and the Statements may not be equal to the aggregate amount of the Debtors' total liabilities as noted on any financial statements issued prior to the Petition Date.

The liabilities listed on the Schedules and Statements do not reflect any analysis of claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all rights to dispute or challenge the validity of any asserted claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's claim.

15. Prepetition Litigations. While the Debtors and their professionals have taken all reasonable efforts to identify all pending litigations that had been commenced as of the Petition Date, the Debtors in some instances have received notice after the Petition Date of litigations commenced prior to the Petition Date. For the purposes of these Schedules and Statements, the Debtors have used their reasonable best efforts to identify and disclose, as appropriate, all prepetition litigations that the Debtors were aware of as of the preparation of these Schedules and Statements. The Debtors reserve the right, but are not required, to amend Schedules E/F if they later become aware of any such prepetition litigations. For the avoidance of doubt, the Debtors have not listed on Schedule E/F or Statement Question 7 those litigations that were commenced post-petition.

16. Creditor Facilities. Although there may be multiple parties that hold a portion of the debt comprising the Debtors' prepetition credit facilities and notes, only the administrative agents and indenture trustees, as applicable, have been listed for purposes of Schedule D, E/F, and H.

17. Confidentiality and Redactions. In accordance with the Bankruptcy Court's Memorandum Decision and Order authorizing the Debtors to redact certain personally identifiable information for individual creditors [Docket No. 567] (the "Redaction Order"), the home addresses of the Debtors' current and former employees (including directors and officers) reflect the office locations of the employees or the Debtors' service address, as applicable. Pursuant to the Redaction Order, the Debtors have also redacted the names, home addresses, and/or email addresses, as applicable, for individual creditors, equity holders, vendors, contract counterparties, and litigants located in the United States, Canada, United Kingdom, European Union, and Australia in the publicly filed versions of the Schedules and Statements. The Debtors have filed unredacted versions of the Schedules and Statements under seal with the Bankruptcy Court, which can be obtained upon request pursuant to procedures identified in the Redaction Order.

18. First Day Orders. The Bankruptcy Court has authorized (each, a "First Day Order") the Debtors to pay, in whole or in part, various outstanding prepetition claims, including but not limited to, certain payments relating to the Debtors' employee wages and compensation, severance, benefits, and reimbursable business expenses; goods and services ordered prepetition but received post-petition; insurance obligations; critical and foreign vendor and lienholder claims; and pre-petition taxes and fees. Given that certain of these claims have been paid or are anticipated to be paid in accordance with the First Day Orders, such claims may not be listed in the Schedules, notwithstanding that such claims existed as of the Petition Date or may otherwise be listed as "unknown" or "to be determined."

The Debtors reserve their rights to object to any listed claims on the ground that, among other things, such claims have already been satisfied pursuant to a First Day Order or otherwise satisfied during the pendency of the Chapter 11 Cases. The estimate of claims set forth in the Schedules may not reflect assertions by the Debtors' creditors of a right to have such claims paid or reclassified under the Bankruptcy Code or orders of the Bankruptcy Court.

19. Excluded Assets and Liabilities. The Debtors believe that they have identified, but did not necessarily value, all material categories of assets and liabilities in the Schedules. The Debtors have excluded the following items which may be included in their GAAP financial statements

from the Schedules: operating leases, accrued salaries, employee benefit accruals, certain other accruals, capitalized interest, debt acquisition costs, goodwill, financial instruments, certain other assets, and deferred revenues and gains. The Debtors also have excluded rejection damage claims of counterparties to executory contracts and unexpired leases that may be rejected, to the extent such damage claims exist. Other immaterial assets and liabilities may also have been excluded.

20. Intellectual Property Rights. The values presented reflect the remaining net book values, determined in accordance with GAAP, of intellectual property which was previously acquired in a business combination, asset acquisition, in-licensing or similar transaction. Value associated with intellectual property internally generated or created, including enhancements to previously acquired intellectual property, are not reflected herein. Exclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have been abandoned, have been terminated, or otherwise have expired by their terms, or have been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. Conversely, inclusion of certain intellectual property shall not be construed to be an admission that such intellectual property rights have not been abandoned, have not been terminated, or otherwise have not expired by their terms, or have not been assigned or otherwise transferred pursuant to a sale, acquisition, or other transaction. The Debtors have made every effort to attribute intellectual property to the rightful Debtor owner; however, in some instances, intellectual property owned by one Debtor may, in fact, be owned by another. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all intellectual property rights.

21. Liens. The inclusion on Schedule D of creditors is not an acknowledgement of the validity, extent, or priority of any liens, and the Debtors reserve their right to challenge such liens and the underlying claims on any ground whatsoever. A careful review of the applicable agreements and other relevant documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in these Global Notes or the Schedules and Statements shall be deemed a modification or interpretation of the terms of such agreements or an acknowledgment of same. Certain liens may have been inadvertently marked as disputed but had previously been acknowledged in an order of the Court as not being disputed by the Debtors. It is not the Debtors' intent that the Schedules be construed to supersede any orders entered by the Bankruptcy Court.

22. Insiders. For the purposes of their responses to Statement Question 28, the Debtors have listed the current officers and directors for each individual Debtor entity. For the purposes of Statement Question 29, the Debtors have listed the names of all former officers and directors who received any form of payment from the Debtors in the one year prior to the Petition Date.

Persons listed as "insiders" have been included for informational purposes only and do not constitute an admission that any such individuals are insiders for purposes of the Bankruptcy Code or otherwise. The Debtors do not take any position with respect to: (a) such person's influence over the control of the Debtors; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an "insider" under applicable law, including the federal securities laws, or with respect to any theories of liability or for any other purpose.

23. Signatory. The Schedules and Statements have been signed by Mark T. Bradley in his capacity as Chief Financial Officer of Endo Parent. In reviewing and signing the Schedules and Statements, he has necessarily relied upon the efforts, statements and representations of various of the Debtors' personnel and professionals. He has not (and could not have) personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors and their addresses.

Schedules of Assets and Liabilities

Schedule A/B Notes.

- **General.** Each Debtor's assets in Schedule A/B are listed at net book value as of the Petition Date, unless otherwise noted, and may not necessarily reflect the market or recoverable value of these assets as of the Petition Date.
- **Schedule A/B, Part 1 – Cash and Cash Equivalents.** The reported bank balances (including investments and overnight accounts) and cash on hand include cash held in various currencies, converted into U.S. dollars as of the Petition Date. The Debtors excluded accounts with no current balances that may be seldomly used or inactive.
- **Schedule A/B, Part 2 – Deposits and Prepayments.** The Debtors have made reasonable efforts to identify all deposits. However, the Schedules may not reflect an exhaustive list of deposits. The amounts listed by the Debtors in response to AB7 include deposits by Debtors that may have been offset and withdrawn post-petition by the counterparty. In addition, certain retainers or deposits reflect payments to professionals made by a certain Debtor entity, but may be subject to applicable allocation amongst the Debtors. Retainer and deposit amounts are listed as of the Petition Date.
- **Schedule A/B, Part 3 – Accounts Receivable, Item 11.** The Debtors' reported accounts receivable include amounts that may be uncollectible. Notwithstanding the foregoing, the Debtors have used reasonable efforts to deduct doubtful or uncollectible accounts. Accounts receivable include ordinary course receivables, and may also include any net credits in favor of the Debtors with respect to their trade payables.
- **Schedule A/B, Part 4 – Investments; Non-Publicly Traded Stock and Interests in Incorporated and Unincorporated Businesses, including any Interest in an LLC, Partnership, or Joint Venture.** Ownership interests in subsidiaries, partnerships, joint ventures, and investments in non-publicly traded securities have been listed in Schedule A/B, Part 4, as undetermined amounts on account of the fact that the fair market value of such ownership is dependent on numerous variables and factors and may differ significantly from their net book value.
- **Schedule A/B, Part 9 – Real Property, Item 55.** In response to AB55, the Debtors did not allocate the total book values of their property interest to individual properties. Rather, in response to AB55, the Debtors identified and listed the following: (a) each category of real property in which the Debtor has an interest (*e.g.*, "land," "buildings," "leasehold

improvements”), along with the total book value of the Debtor’s interest in such category of real property, and separately (b) the underlying individual properties in which the Debtor has an interest, each listed with an “undetermined” value.

- **Schedule A/B, Part 10 – Intangibles and Intellectual Property, Items 59-66.** The Debtors report intellectual property assets at net book value based on the Debtors’ books and records whenever applicable. For purposes of the Schedules, the Debtors have listed goodwill on the Schedules of the applicable Debtor entities for which such assets are recorded on their books; the Debtor’s failure to list such an asset on another Debtor’s Schedules should not be construed as an admission that such other Debtor does not have an interest in such intangible or intellectual property. The Debtors have not listed or assigned any value for their goodwill.
- **Schedule A/B, Part 11 – All Other Assets.**
 - ***Item 72 – Tax Refunds and Unused Net Operating Losses (NOLs).*** The Debtors may be entitled to apply certain net operating losses or other tax attributes. The Debtors have provided a summary of certain of their tax attributes and related considerations in Item 72.
 - ***Item 73 – Interests in Insurance Policies or Annuities.*** The Debtors have made reasonable and good faith efforts to list all of their known insurance policies, including historic insurance policies. However, the Debtors are continuing to review their insurance assets and therefore reserve their rights to amend the Schedules and Statements to reflect additional insurance policies that may be property of the estates. Any inadvertent omission of an insurance policy from the Schedules and Statements of a Debtor is not a waiver of any rights that such Debtor may have thereunder.
 - ***Items 74 and 75 – Causes of action against third parties (whether or not a lawsuit has been filed) and other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtors and rights to set off claims.*** The Debtors attempted to list all known causes of action and other affirmative claims. Potential preference actions and/or fraudulent transfer actions were not listed because the Debtors have not completed an analysis of such potential claims. The Debtors’ failure to list any cause of action, claim, or right of any nature is not an admission that such cause of action, claim, or right does not exist and should not be construed as a waiver of such cause of action, claim, or right.
 - ***Item 76 – Trusts, equitable or future interests in property.*** The Debtors have reported Qualified Settlement Funds (“QSFs”) with reversionary interest clauses. The QSFs include funds that may be returned to the Debtors upon certain conditions not being met by the plaintiffs. Since the amounts subject to reversion are unknown, the value of the QSFs are reported as undetermined.

- **Item 77 – Other Property of Any Kind Not Already Listed.** Each Debtor has attached an exhibit, where applicable, listing that Debtor’s intercompany receivables, on a net basis, with all other Company entities, both Debtors and non-Debtors. The intercompany receivables reflect amounts owed pursuant to various ordinary course transactions between Company entities. The Debtors have made all reasonable efforts to schedule all outstanding obligations between each Debtor and other Company entities. The Debtors have included intercompany receivables as of July 31, 2022.

Schedule D Notes.

- A description of the Debtors’ prepetition capital structure is contained in the *Motion Of The Debtors For The Entry Of Interim And Final Orders (i) Authorizing Debtors To Use Cash Collateral; (ii) Granting Adequate Protection To Prepetition Secured Parties; (iii) Modifying The Automatic Stay; And (V) Granting Related Relief* [Docket No. 17].
- Creditors’ claims on Schedule D arose, or were incurred, on various dates. In certain instances, the date on which such claim arose may be an open issue of fact.
- Except as otherwise agreed in accordance with a stipulation and order entered by the Bankruptcy Court, the Debtors reserve their rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien listed on Schedule D purported to be granted to a secured creditor or perfected in any specific asset.
- Except as specifically stated herein, lessors of real property and equipment, utility companies, and any other parties which may hold security deposits or other security interests, have not been listed on Schedule D. The Debtors have also not listed on Schedule D any parties whose claims may be secured through rights of setoff, deposits, or advance payments.
- Certain claims are listed on Schedule D as “unliquidated” because the value of the collateral securing such potential claims is unknown. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims, the Debtors reserve all rights to dispute or challenge the secured nature of any creditor’s claim or the characterization of the structure of any transaction or any document or instrument (including, without limitation, any intercompany agreement) related to such creditor’s claim.
- The Debtors have not included on Schedule D the claims of any parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights. The amounts outstanding under the Debtors’ prepetition secured credit facilities and secured notes reflect the approximate principal amounts as of the Petition Date.
- The descriptions provided on Schedule D, including the descriptions of the underlying collateral, are intended only as a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent and priority of any liens. Nothing in these Global Notes or in the Schedules

and Statements shall be deemed a modification, interpretation or an acknowledgment of the terms of such agreements or related documents.

- Schedule D does not include beneficiaries of letters of credit. Although the claims of these parties may be secured by a letter of credit, the Debtors' obligations under the letters of credit run to the issuers thereof and not to the beneficiaries thereof.

Schedule E/F Notes.

- The Debtors have made reasonable efforts to report all priority and general unsecured claims against the Debtors on Schedule E/F based on the Debtors' books and records as of the Petition Date. However, the actual value of claims against the Debtors may vary significantly from the represented liabilities. Moreover, because the Debtors have scheduled all claims in U.S. dollars, foreign creditors asserting claims in local currencies may disagree with the scheduled amounts due to differences in applied conversion rate.
- Parties in interest should not accept that the listed liabilities necessarily reflect the correct amount of any unsecured creditor's allowed claims or the correct amount of all unsecured claims. Similarly, parties in interest should not anticipate that recoveries in these cases will reflect the relationship of the aggregate asset values and aggregate liabilities set forth in the Schedules. Parties in interest should consult their own professionals and advisors with respect to pursuing a claim. Although the Debtors and their professionals have generated financial information and data the Debtors believe to be reasonable, actual liabilities (and assets) may deviate significantly from the Schedules due to certain events that occur throughout these Chapter 11 Cases.
- The claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose may be unknown or subject to dispute. Although reasonable efforts have been made to determine the date upon which claims listed in Schedule E/F was incurred or arose, fixing that date for each claim in Schedule E/F would be unduly burdensome and cost-prohibitive and, therefore, the Debtors have not listed a date for each claim listed on Schedule E/F.
- On Schedule F, the Debtors' intercompany payables are reported on a net basis with all other Company entities, both Debtors and non-Debtors. The intercompany payables reflect amounts owed pursuant to various ordinary course transactions between Company entities. The Debtors have made all reasonable efforts to schedule all outstanding obligations between each Debtor and other Company entities. The Debtors have included intercompany payables as of July 31, 2022.
- The Bankruptcy Court has authorized the Debtors to pay, in whole or in part, prepetition claims relating to the Debtors' employee wages and compensation, benefits, and reimbursable business expenses. Accordingly, a Debtor's Schedule E/F only reflects those employee related claims due and owing as of the Petition Date for which the Debtors did not obtain relief from the Bankruptcy Court to satisfy in whole or in part. Schedule E/F also contains information regarding pending litigation involving the Debtors. However,

certain omissions may have occurred. The inclusion of any legal action in the Schedules and Statements does not constitute an admission by the Debtors of any liability, the validity of any litigation, or the amount of any potential claim that may result from any claims with respect to any legal action and the amount and treatment of any potential claim resulting from any legal action currently pending or that may arise in the future.

- All asserted or potential litigation-related claims referenced in Schedule E/F are contingent, unliquidated, and disputed.
- For the purposes of these Schedules and Statements, where a Debtor is a codefendant with other parties in a litigation, such codefendant(s) are listed on Schedule E/F only where such codefendant has affirmatively asserted a cross-claims against the Debtor in the underlying litigation or where a tolling agreement has been executed between such codefendant and the Debtor in the litigation. Conversely, the Debtors have not included on Schedule E/F, Part 2 the thousands of codefendants involved in pending litigation where such codefendants have not affirmatively asserted a cross-claim against the Debtor or executed a tolling agreement with the Debtor in the underlying litigation. The Debtors also have not included on Schedule E/F, Part 2 any codefendants with cross-claims that may have been “deemed” asserted against the Debtors and/or asserted solely as a procedural matter. Where potential claims have been affirmatively asserted or tolled and are listed on Schedule E/F, Part 2, the amounts for these potential claims are listed as “undetermined” and are marked as contingent, unliquidated, and disputed in the Schedules. The Debtors do not concede that any claims that any codefendants have or may assert against any of the Debtors have merit or that any amounts are owed by the Debtors to such codefendants on account of such claims.
- The Debtors are aware of certain additional litigations outside of the United States for which they have incomplete information as of the filing of the Schedules and Statements, due to local restrictions regarding the sharing and processing of personal data. Specifically, the Debtors have been named as defendants in (a) 13 claims brought by individual claimants in England and Wales in the High Court in relation to injury suffered as a result of surgical mesh implants, (b) 56 separate claims brought by individual claimants in Scotland in the Court of Session, and (c) a number of separate claims brought by individual claimants in the Netherlands and Ireland (the “UK/EU Individual Claimants”). The Debtors have also been named as defendants in a class action in the Federal Court of Australia (Proceeding NSD 35/2018) brought by two named individuals (the “Named Australian Litigation Claimants”) on their own right and on behalf of other woman relating to the usage of transvaginal surgical mesh products designed to treat pelvic organ prolapse or stress urinary incontinence (the “Australian Class Action Proceeding”). In addition to the Named Australian Litigation Claimants, the Debtors are aware of over 3,000 potential class members in the Australian Class Action Proceeding (the “Additional Australian Litigation Claimants”). The Debtors are currently in the process of receiving information regarding the Additional Australian Litigation Claimants and UK/EU Individual Claimants following entry of the Redaction Order [Docket No. 567] and will file a supplement to Schedule E/F that accounts for the Additional Australian Litigation Claimants and UK/EU Individual Claimants after such information has been received and processed.

- Certain litigations reflected as claims for or against one Debtor may relate to one or more of the other Debtors. The Debtors have made commercially reasonable efforts to record these actions in the Schedules and Statements of each Debtor that is party to the action. Where this was not possible, Endo Parent was listed as the defendant. Moreover, given the number of litigations involving Debtors, the Schedules do not contain specific details of every litigation, such as the names and addresses of each party to a given litigation.
- In the ordinary course of business, the Debtors generally receive invoices for goods and services after the delivery of such goods or services. As of the filing of the Schedules and Statements, the Debtors had not received all invoices for payables, expenses, or liabilities that may have accrued before the Petition Date. Furthermore, payments to critical and foreign vendors, lienholders and fuel suppliers made subsequent to the filing of these Schedules will not be reflected in these Schedules. The Debtors reserve the right, but are not required, to amend Schedules E/F if they receive such invoices and/or make such payments. The claims of individual creditors are generally listed at the amounts recorded on the Debtors' books and records and may not reflect all credits or allowances due from the creditor. The Debtors reserve all of their rights concerning credits or allowances.

Schedule G Notes.

- The Debtors hereby reserve all rights to dispute the validity, status, or enforceability of any contracts, agreements or leases set forth in Schedule G and to amend or supplement Schedule G as necessary. Additionally, the placing of a contract or lease onto Schedule G shall not be deemed an admission that such contract is an executory contract or unexpired lease, or that it is necessarily a binding, valid, and enforceable contract. Any and all of the Debtors' rights, claims and causes of action with respect to the contracts and agreements listed on Schedule G are hereby reserved and preserved. In addition, the Debtors are continuing their review of all relevant documents and expressly reserve their right to amend all Schedules at a later time as necessary and/or to challenge the classification of any agreement as an executory contract or unexpired lease in any appropriate filing.
- In some cases, the same contract counterparty appears multiple times in a Debtor's Schedule G. This multiple listing is generally intended to reflect distinct agreements between the applicable Debtor and such counterparty, however, due to the magnitude of data, it is possible that a multiple listing may be the result of duplicates.
- Omission of a contract or agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted contracts or agreements are not impaired by the omission. A Debtor's Schedule G may be amended at any time to add or remove, as the case may be, any omitted contract, agreement or lease.
- The contracts, agreements, and leases listed on Schedule G may have expired or may have been rejected, terminated, assigned, modified, amended, and/or supplemented from time to time by various amendments, change orders, restatements, waivers, estoppel certificates,

letters, and other documents, instruments, and agreements that may not be listed therein or that may be listed as a single entry. The Debtors expressly reserve their rights to challenge whether such related materials constitute an executory contract, a single contract or agreement, or multiple, severable, or separate contracts.

- Certain of the leases listed on Schedule G may contain renewal options, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth on Schedule G. Certain of the agreements listed on Schedule G may also be in the nature of conditional sales agreements or secured financings, and their inclusion on Schedule G is not an admission that the agreement is an executory contract, financing agreement, or otherwise.
- To the extent that a Debtor is a licensee or lessee pursuant to an executory contract or lease and also a sublessor or sub licensor pursuant to another executory contract or lease, both executory contracts or leases will be listed separately on the Debtor's Schedule G.
- Certain of the contracts, agreements, and leases listed on Schedule G may have been entered into by more than one of the Debtors. Further, in certain instances, the specific Debtor obligor to certain of the executory contracts could not be specifically ascertained. In such cases, the Debtors have made their best efforts to determine the correct Debtor's Schedule G on which to list such executory contract.

Schedule H Notes.

- For purposes of Schedule H, the Debtors may not have identified certain guarantees that are embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments, and other agreements. Further, certain of the guarantees reflected on Schedule H may have expired or may no longer be enforceable. As such, the Debtors reserve their rights to amend Schedule H to the extent that additional guarantees are identified, or such guarantees are discovered to have expired or become unenforceable.
- The Debtors have not listed any litigation-related codefendants on Schedule H. Codefendants who have affirmatively asserted cross-claims against the Debtor, other than cross-claims that may have been "deemed" asserted against the Debtors and/or asserted solely as a procedural matter, or who have executed a tolling agreement the Debtor in the underlying litigation, can be found on the Debtors' Schedule E/F.

Statement of Financial Affairs

Statement Question 1 and 2 – Revenue. The Debtors have reported net sales which are consistent with SEC reporting. The net sales for the 2022 stub period are as of the Petition Date. Net sales amounts are not presented on a stand-alone legal entity basis. Instead, individual Debtor sale amounts are reflective of the total sales amounts reported in the consolidated SEC reporting of Endo Parent, which are then divided and allocated between the applicable Debtors.

Statement Question 3 – 90 Day Payments. Any payments made to the Debtors' bankruptcy case professionals, charitable organization and/or insiders within the 90 days prior to the Petition Date are disclosed in responses to SOFA 11, SOFA 9 and SOFA 4, respectively, and therefore are not listed in response to SOFA 3. Payments made to the Debtors' non-insider employees also are not listed herein. Payments made to employees for compensation are not included; *however*, transfers made to third-party administrators used to compensate employees have been included.

Statement Question 4 – Payments to Insiders. The Debtors' response to Statement Question 4 contains the full list of payments made to insiders on behalf of all Debtors in the aggregate during the one year preceding the Petition Date.

Statement Question 6 – Setoffs. The Debtors are routinely subject to setoffs from third parties in the ordinary course of business. Setoffs in the ordinary course result from routine transactions, including but not limited to, intercompany transactions, pricing discrepancies, and other disputes between Debtors and third parties. These normal setoffs are consistent with the ordinary course of business in the Debtors' industry and are not listed in the Debtors' responses to Statement Question 6. Furthermore, the Debtors engage in certain customer programs, including credits and refunds. Such transactions were also not included in responding to Statement Question 6, although the Debtors reserve all rights with respect thereto and make no admission of waiver thereby. The Debtors reserve all rights to enforce or challenge any setoffs that have been or may be asserted.

Statement Question 7 – Legal Actions. The Debtors have made reasonable best efforts to identify all current pending litigation involving the Debtors. The Debtors reserve all of their rights and defenses with respect to any and all lawsuits and administrative proceedings, irrespective of whether they were listed in response to Statements Question 7. Moreover, the listing of any such suits and proceedings shall not constitute an admission by the Debtors of any liabilities or that the actions or proceedings were correctly filed against the Debtors or any affiliates of the Debtors. The Debtors also reserve their rights to assert that some or all of the Debtors are not appropriate parties to such actions or proceedings.

The Debtors have devoted substantial resources to identify and provide as much information for as many proceedings as possible in response to Statements Question 7, using records that were reasonably accessible and reviewable. While the Debtors believe they were diligent in their efforts, they nonetheless reserve the right to amend and/or modify their respective responses to Statements Question 7 as they may deem necessary and appropriate.

The Debtors have not included workers' compensation claims in response to this question because the Debtors maintain that this disclosure would be in violation of certain laws including HIPAA (Health Insurance Portability and Accountability Act of 1996) and, for certain foreign jurisdictions could constitute a breach of federal/local privacy laws.

Statement Question 9 – Certain Gifts and Charitable Contributions. The Debtors listed the value of product donations according to the base cost of such products.

Statement Question 16 – Personally Identifiable Information. The Company privacy policies are disclosed on its public website at <https://www.endo.com/privacy-legal>, in multiple languages.

Statement Question 26d – Firms Who Have Audited Books and Records.

PricewaterhouseCoopers LLP audits the Company's consolidated financial statements. As reflected in the various Debtors' responses to Statement Question 26b, other accounting firms may perform statutory stand-alone entity audits for certain Debtor entities in foreign jurisdictions.

Statement Question 26d – Recipients of Financial Statements. Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, at the end of each of its fiscal quarters and years, Endo Parent, prepare and file with the Securities and Exchange Commission (the "SEC") quarterly reports on Form 10-Q, annual reports on Form 10-K and current reports on Form 8-K, among other filings made with the SEC from time to time (collectively, the "SEC filings"). Certain of Endo Parent's filings contain consolidated financial statements relating to Endo International plc and its subsidiaries. Additionally, Endo Parent has historically provided the SEC filings in the investor relations sections of its website. Because the SEC filings are of public record, Endo Parent does not maintain records the parties who requested or obtained copies of any of the SEC filings from the SEC, the debtors, or other sources. In addition, certain Debtors are required to file financial statements in Ireland (pursuant to the Companies Act 2004 and in the United Kingdom (pursuant to the Companies Act 2006). Additionally, certain Debtors are subject to file annual accounts online with the Trade and Companies Register (registre de commerce et des sociétés - RCS) in Luxembourg and required to mention the filing of the accounts in the Electronic Compendium of Companies and Associations (recueil électronique des sociétés et associations - RESA).

Statement Question 30 – Payments, Distributions, or Withdrawals to Insiders. Refer to Statement Question 4 for this item.

Fill in this information to identify the case:

Debtor name Endo International plc

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): 22-22549 (JLG)

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*

\$ 45,781,331.88*

1c. Total of all property:

Copy line 92 from *Schedule A/B*

\$ 45,781,331.88*

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 6,952,404,263.10

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*

\$ Undertermined

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*

+ \$ 1,737,538,040.68*

4. Total liabilities

Lines 2 + 3a + 3b

\$ 8,689,942,303.78*

*Plus Undetermined Amounts

Fill in this information to identify the case:Debtor name Endo International plcUnited States Bankruptcy Court for the: Southern District of New YorkCase number (if known) 22-22549 (JLG)☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1 See Attached Rider \$ 22,199,554.283.2 \$ **4. Other cash equivalents (Identify all)**4.1 None \$ 0.004.2 \$ **5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 22,199,554.28**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 None \$ 0.007.2 \$

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1	Prepaid - Insurance: D&O Liability	\$	19,597,221.24
8.2	Prepaid - Professional / Legal Advisors	\$	3,487,750.21

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 23,084,971.45

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less:			=	→	\$	
	face amount	doubtful or uncollectible accounts					
11b. Over 90 days old:			=	→	\$	
	face amount	doubtful or uncollectible accounts					

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 0.00

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
- ☒ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1	None		\$	0.00
14.2			\$	

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1	Endo Designated Activity Company	100%	%	N/A	\$	Undetermined
15.2			%		\$	

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1	None		\$	0.00
16.2			\$	

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ Undetermined

*Plus Undetermined Amounts

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General Description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
	MM / DD / YYYY	\$		\$
20. Work in progress				
	MM / DD / YYYY	\$		\$
21. Finished goods, including goods held for resale				
	MM / DD / YYYY	\$		\$
22. Other inventory or supplies				
	MM / DD / YYYY	\$		\$

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$ 0.00

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value \$ Valuation method Current value \$

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General Description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops-either planted or harvested			
	\$		\$
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
	\$		\$
30. Farm machinery and equipment (Other than titled motor vehicles)			
	\$		\$
31. Farm and fishing supplies, chemicals, and feed			
	\$		\$
32. Other farming and fishing-related property not already listed in Part 6			
	\$		\$

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$

0.00

34. Is the debtor a member of an agricultural cooperative?

☐ No

☐ Yes. Is any of the debtor's property stored at the cooperative ?

☐ No

☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☐ No

☐ Yes. Book value \$ Valuation method Current value \$

36. Is a depreciation schedule available for any of the property listed in Part 6?

☐ No

☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38 Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☒ No. Go to Part 8.

☐ Yes. Fill in the information below.

General Description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
	\$		\$
40. Office fixtures			
	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software			
	\$		\$
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1	\$		\$
42.2	\$		\$
42.3	\$		\$

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$

0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☐ No

☐ Yes

Debtor Endo International plc

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Name

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General Description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
_____	\$ _____	_____	\$ _____

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

☒ No. Go to Part 10.

☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1		\$		\$
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No

☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☐ No

☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.

☒ Yes. Fill in the information below.

General Description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
None	\$		\$0.00
61. Internet domain names and websites			
None	\$		\$0.00
62. Licenses, franchises, and royalties			
None	\$		\$0.00
63. Customer lists, mailing lists, or other compilations			
None	\$		\$0.00
64. Other intangibles, or intellectual property			
None	\$		\$0.00
65. Goodwill			
None	\$		\$0.00

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
- ☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
- ☒ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

71. Notes receivable

Description (include name of obligor)

None

Total Face Amount

Doubtful or uncollectible Amount

= →

\$

0.00

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None

Tax Year

\$

0.00

Tax Year

\$

Tax Year

\$

73. Interests in insurance policies or annuities

See Attached Rider

\$

Undetermined

74. Causes of action against third parties (whether or not a lawsuit has been filed)

MCKESSON CORPORATION

\$

Undetermined

Nature of Claim

Indemnification Claim

Amount Requested

\$ Undetermined

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Purdue Pharmaceuticals L.P., et al., Debtors - Bankruptcy Claim

\$

Undetermined

Nature of Claim

Claim filed for co-liability in connection with Opioid Lawsuits

Amount Requested

\$ Undetermined

76. Trusts, equitable or future interests in property

None

\$

0.00

77. Other property of any kind not already listed Examples: Season tickets, country club membership

See Attached Rider

\$

496,806.15

\$

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$

496,806.15*

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

*Plus Undetermined Amounts

Debtor Endo International plc
Name

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of Property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 22,199,554.28	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 23,084,971.45	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ Undetermined	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$ 496,806.15*	
91. Total. Add lines 80 through 90 for each column.....91a.	\$ 45,781,331.88*	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		\$ 45,781,331.88*

*Plus Undetermined Amounts

Debtor Name: Endo International plc

Case Number: 22-22549 (JLG)

Assets - Real and Personal Property**Part 1, Question 3:** Checking, savings, money market, or financial brokerage accounts

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
E*TRADE	Investment	5038	\$103,125.80
Bank of America	Disbursement	8017	\$21,063,650.76
Bank of America	Intercompany	8025	\$1,032,777.72
		TOTAL	\$22,199,554.28

Debtor Name: Endo International plc

Case Number: 22-22549 (JLG)

Assets - Real and Personal Property**Part 11, Question 73:** Interests in insurance policies or annuities

Interests in insurance policies or annuities (Description)	Policy Type	Policy Number	Current value of debtor's interest
Factory Mutual Insurance Europe S.A.	Property	1099665	Undetermined
Factory Mutual Insurance Company	Property	1099697	Undetermined
Factory Mutual Insurance Europe S.A.	Property	1099694	Undetermined
Lloyd's Insurance Company S.A.	Special Crime	B1723UBMSK2150080	Undetermined
Generali	D&O Policy (Inc. Tail)	B1723UFIMW2250240	Undetermined
Hiscox London	D&O Policy (Inc. Tail)	B1723UFIMW2250242	Undetermined
Allied World Assurance Company (Europe)	D&O Policy (Inc. Tail)	B1723UFIMW2250241	Undetermined
Lloyds of London	D&O Policy (Inc. Tail)	B1723UFIMW2250243	Undetermined
Assicurazioni Generali	D&O Policy (Inc. Tail)	B1723UFIMW2250245	Undetermined
Allied World Assurance Company (Europe)	D&O Policy (Inc. Tail)	B1723UFIMW2250246	Undetermined
Lloyd's - Beazley	D&O Policy (Inc. Tail)	B1723UFIMW2250250	Undetermined
Isosceles Insurance Ltd.	D&O Liability	EN-01-2022	Undetermined
Everest Premier Insurance Company	Workers' Compensation (AOS)	RM5WC00042-211	Undetermined
Everest Premier Insurance Company	Workers' Compensation (FL/NJ)	RM5WC00043-211	Undetermined
Everest Premier Insurance Company	Workers' Compensation (Retro)	RM5WC00044-211	Undetermined
Everest National Insurance Company	General Liability	RM5GL00029-211	Undetermined
Everest National Insurance Company	Auto Liability (AOS)	RM5CA00026-211	Undetermined
Everest National Insurance Company	Auto Liability	RM5CA00027-211	Undetermined
Everest National Insurance Company	Primary Umbrella	XC5CU00208-211	Undetermined
Chubb	Casualty (1st Excess)	XCQ G72542083 001	Undetermined
XL Insurance America, Inc.	Casualty (2nd Excess)	US00011755LI21A	Undetermined
Liberty Mutual	Casualty (3rd Excess)	ECO(22)59929060	Undetermined
Navigators Insurance Company	Casualty (4th Excess)	NY21MXE916645IV	Undetermined
Lloyd's Insurance Company S.A.	Marine and Cargo - Stock thru-put, Primary Layer	B0509MARCW2150597	Undetermined

Assets - Real and Personal Property**Part 11, Question 73:** Interests in insurance policies or annuities

Interests in insurance policies or annuities (Description)	Policy Type	Policy Number	Current value of debtor's interest
Lloyd's Insurance Company S.A.	Marine and Cargo - Stock thru-put, 1st Layer	B0509MARCW2150604	Undetermined
Lloyd's Insurance Company S.A.	Marine and Cargo - Stock thru-put, 2nd Layer	B0509MARCW2150926	Undetermined
Lloyd's Insurance Company S.A.	Marine and Cargo - Stock thru-put, 3rd Layer	B0509MARCW2150601	Undetermined
Lloyd's Insurance Company S.A.	Marine and Cargo - Stock thru-put, 4th Layer	B0509MARCW2150600	Undetermined
LifeSciences Risk	Product Liability	LSR-PCO-00382-21	Undetermined
NorthStar LifeSciences	Product Liability	EXSS 1054 21	Undetermined
Illinois Union Insurance Company	Product Liability	G72543361 001	Undetermined
TDC Specialty Underwriters	Product Liability	LSX-00001-20-05	Undetermined
NorthStar LifeSciences	Product Liability	EXSS 1054 21	Undetermined
Beazley/2623 AFB Lloyd's Syndicate	Product Liability	W24602210401	Undetermined
Liberty Bermuda	Product Liability	LSMAHC158997A	Undetermined
1218 NWL Lloyd's Syndicate	Product Liability	B1723UBMCI2150203	Undetermined
Navigators Management Company Inc	Product Liability	B1723UBMCI2150204	Undetermined
ACE American Insurance Company	International Casualty - Control Master Program Excluding Products	CXC D38075135 006	Undetermined
AIG	Fiduciary Liability	B1723UFIMW2150207	Undetermined
AIG	Cyber Security	B1723UFIPY2150022	Undetermined
Lloyds (Chubb)	Crime	B1723UFIMW2250244	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2020 - 2021)	HC7NAB115P001	Undetermined
NorthStar LifeSciences	Product Liability (Years: 2020 - 2021)	EXSS105420	Undetermined
Life Science Risk	Product Liability (Years: 2020 - 2021)	LSRXS0055020	Undetermined
TDC Specialty Insurance Company	Product Liability (Years: 2020 - 2021)	LSX000012004	Undetermined
NorthStar LifeSciences	Product Liability (Years: 2020 - 2021)	EXSS238620	Undetermined
Beazley (MGA)	Product Liability (Years: 2020 - 2021)	W24602200301	Undetermined
Liberty Specialty Markets Bermuda Limited	Product Liability (Years: 2020 - 2021)	LSMAHC101307A	Undetermined

Assets - Real and Personal Property**Part 11, Question 73:** Interests in insurance policies or annuities

Interests in insurance policies or annuities (Description)	Policy Type	Policy Number	Current value of debtor's interest
Newline Underwriting Syndicate	Product Liability (Years: 2020 - 2021)	BOWCI2000740	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2020 - 2021)	HC7NAB20PS001	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2019 - 2020)	3753201	Undetermined
NorthStar LifeSciences	Product Liability (Years: 2019 - 2020)	EXSS105419	Undetermined
TDC Specialty Insurance Company	Product Liability (Years: 2019 - 2020)	LSX000011903	Undetermined
Life Science Risk	Product Liability (Years: 2019 - 2020)	LSRXS0045619	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2019 - 2020)	1160208	Undetermined
Illinois Union Insurance Company	Product Liability (Years: 2019 - 2020)	G46817837003	Undetermined
Beazley (MGA)	Product Liability (Years: 2019 - 2020)	W24602190201	Undetermined
Liberty Specialty Markets Agency Limited	Product Liability (Years: 2019 - 2020)	ISH0005557	Undetermined
Newline Underwriting Syndicate	Product Liability (Years: 2019 - 2020)	BOWCI1900557	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2018 - 2019)	003753200	Undetermined
NorthStar LifeSciences	Product Liability (Years: 2018 - 2019)	EXSS105418	Undetermined
TDC Specialty Insurance Company	Product Liability (Years: 2018 - 2019)	LSX000011802	Undetermined
Life Science Risk	Product Liability (Years: 2018 - 2019)	LSRXS0036018	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2018 - 2019)	001160207	Undetermined
Illinois Union Insurance Company	Product Liability (Years: 2018 - 2019)	G46817837002	Undetermined
Beazley (MGA)	Product Liability (Years: 2018 - 2019)	W24602180101	Undetermined
Endurance Specialty Insurance Ltd.	Product Liability (Years: 2018 - 2019)	EXC10011805901	Undetermined
Newline Underwriting Syndicate	Product Liability (Years: 2018 - 2019)	BOWCI1800502	Undetermined
Gemini Insurance Co	Product Liability (Years: 2017 - 2018)	GL120895	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2017 - 2018)	001160206	Undetermined
Gemini Insurance Co	Product Liability (Years: 2017 - 2018)	EX152811	Undetermined
Life Science Risk	Product Liability (Years: 2017 - 2018)	LSRXS0028517	Undetermined

Assets - Real and Personal Property**Part 11, Question 73:** Interests in insurance policies or annuities

Interests in insurance policies or annuities (Description)	Policy Type	Policy Number	Current value of debtor's interest
TDC Specialty Insurance Company	Product Liability (Years: 2017 - 2018)	LSX000241700	Undetermined
TDC Specialty Insurance Company	Product Liability (Years: 2017 - 2018)	LSX000011701	Undetermined
Illinois Union Insurance Company	Product Liability (Years: 2017 - 2018)	G46817837001	Undetermined
Newline Underwriting Syndicate	Product Liability (Years: 2017 - 2018)	BOWCI1700522	Undetermined
Endurance Specialty Insurance Ltd.	Product Liability (Years: 2017 - 2018)	EXC10011805900	Undetermined
Gemini Insurance Co	Product Liability (Years: 2016 - 2017)	GL120894	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2016 - 2017)	001160205	Undetermined
LifeScience Risk	Product Liability (Years: 2016 - 2017)	LSRXS0019816	Undetermined
TDC Specialty Insurance Company	Product Liability (Years: 2016 - 2017)	LSX000011600	Undetermined
Newline Underwriting Syndicate	Product Liability (Years: 2016 - 2017)	B0509BOWCI1600558	Undetermined
StarStone Specialty Insurance Company	Product Liability (Years: 2016 - 2017)	34048D162AHL	Undetermined
Gemini Insurance Co	Product Liability (Years: 2015 - 2016)	GL120893	Undetermined
Aspen Insurance UK Ltd	Product Liability (Years: 2015 - 2016)	K0A0YWK15A0H	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2015 - 2016)	1160204	Undetermined
LifeScience Risk	Product Liability (Years: 2015 - 2016)	LSRXS0011115	Undetermined
Newline Underwriting Syndicate	Product Liability (Years: 2015 - 2016)	B0509DR734415	Undetermined
Torus Specialty Insurance Company	Product Liability (Years: 2015 - 2016)	34048D151AHL	Undetermined
Gemini Insurance Co	Product Liability (Years: 2014 - 2015)	GL120892	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2014 - 2015)	1160203	Undetermined
James River	Product Liability (Years: 2014 - 2015)	00064035-0	Undetermined
Torus Specialty Insurance Company	Product Liability (Years: 2014 - 2015)	34048D140AHL	Undetermined
Aspen Insurance UK Ltd	Product Liability (Years: 2014 - 2015)	O0A0YWK14A0H	Undetermined
Markel Insurance Company	Product Liability (Years: 2014 - 2015)	107239-1533-XSCLM-2014	Undetermined
Newline Underwriting Syndicate	Product Liability (Years: 2014 - 2015)	DR691314(1)	Undetermined

Debtor Name: Endo International plc

Case Number: 22-22549 (JLG)

Assets - Real and Personal Property**Part 11, Question 73:** Interests in insurance policies or annuities

Interests in insurance policies or annuities (Description)	Policy Type	Policy Number	Current value of debtor's interest
Endurance Specialty Insurance Ltd.	Product Liability (Years: 2014 - 2015)	EXC10004224401	Undetermined
Gemini Insurance Co	Product Liability (Years: 2013 - 2014)	GL12089-1	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2013 - 2014)	1160202	Undetermined
Columbia Casualty Company	Product Liability (Years: 2013 - 2014)	2054989843	Undetermined
Aspen Insurance UK Ltd	Product Liability (Years: 2013 - 2014)	O0A0YWK13A0H	Undetermined
Markel Europe plc	Product Liability (Years: 2013 - 2014)	1001261289XSCLM2013	Undetermined
Chubb Custom Insurance Company	Product Liability (Years: 2013 - 2014)	79957317	Undetermined
Columbia Casualty Company	Product Liability (Years: 2013 - 2014)	4032127311	Undetermined
Catlin Syndicate (SJC)	Product Liability (Years: 2013 - 2014)	DL575113(1)	Undetermined
Endurance Specialty Insurance Ltd.	Product Liability (Years: 2013 - 2014)	EXC10004224400	Undetermined
Lexington Insurance Company	Product Liability (Years: 2011 - 2012)	6794179	Undetermined
Columbia Casualty Company	Product Liability (Years: 2011 - 2012)	2054989843	Undetermined
Aspen Insurance UK Ltd	Product Liability (Years: 2011 - 2012)	O0A0YWK10A0H	Undetermined
Chubb Custom Insurance Company	Product Liability (Years: 2011 - 2012)	79957317	Undetermined
Ironshore Specialty Insurance Company	Product Liability (Years: 2011 - 2012)	1160200	Undetermined
Federal Insurance Company	Product Liability (Years: 2011 - 2012)	79876963	Undetermined
Lloyds Liberty Syndicate	D&O Liability (Years: 2017 - 2018)	B0509FINMW1700757	Undetermined
AIG Europe Limited	D&O Liability (Years: 2015 - 2016)	B0509FINMW1500805	Undetermined
Chubb European Group Limited	D&O Liability, 6th Excess (Years: 2017 - 2018)	B0509FINMW1700731	Undetermined
Allied World Assurance Company (Europe) DAC	D&O Liability, 7th Excess / Lead Side A DIC (Years: 2017 - 2018)	B0509FINMW1700793	Undetermined
Lloyds of London	D&O Liability, 8th Excess / 1st Excess Lead Side A DIC (Years: 2017 - 2018)	B0509FINMW1700799	Undetermined
AIG Europe Limited / Lloyds Syndicate	D&O Liability, 9th Excess / 2nd Excess Lead Side A DIC (Years: 2017 - 2018)	B0509FINMW1700798	Undetermined
Allied World Assurance Company (Europe) Limited	D&O Liability, 7th Excess / Lead Side A DIC (Years: 2015 - 2016)	B0509FINMW1500489	Undetermined

Debtor Name: Endo International plc

Case Number: 22-22549 (JLG)

Assets - Real and Personal Property**Part 11, Question 73:** Interests in insurance policies or annuities

Interests in insurance policies or annuities (Description)	Policy Type	Policy Number	Current value of debtor's interest
Lloyds of London	D&O Liability, 8th Excess / 1st Excess Lead Side A DIC (Years: 2015 - 2016)	B0509FINMW1500486	Undetermined
		TOTAL	\$0.00 + Undetermined Amounts

Debtor Name: Endo International plc

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Case Number: 22-22549 (JLG)

Assets - Real and Personal Property**Part 11, Question 77:** Other property of any kind not already listed

Other property of any kind not already listed <i>Examples:</i> Season tickets, country club membership	Current value of debtor's interest
Other Current Assets	\$429,400.44
Intercompany Receivable - Anchen Pharmaceuticals, Inc.	\$40,930.16
Intercompany Receivable - Endo Finance LLC	\$25,986.55
Intercompany Receivable - Par Pharmaceutical, Inc.	\$489.00
TOTAL	\$496,806.15

Debtor name Endo International plcUnited States Bankruptcy Court for the: Southern District of New YorkCase number (If known): 22-22549 (JLG)☐ Check if this is an amended filingOfficial Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of Claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

2.1**Creditor's name**

COMPUTERSHARE TRUST COMPANY, N.A.

Creditor's mailing addressATTN: MEGAN FORD
9062 OLD ANNAPOLIS ROAD
COLUMBIA, MD 21045**Creditor's email address, if known**

megan.ford@computershare.com

Date debt was incurred

Undetermined

Last 4 digits of account number**Do multiple creditors have an interest in the same property?**

- ☐ No
- ☒ Yes. Specify each creditor, including this creditor, and its relative priority.

See Global Notes for Schedule D Disclosures

Describe debtor's property that is subject to a lien

Secured on a pari passu basis by first-priority liens on, and security interests in, the Prepetition Collateral in accordance with the terms of the First Lien Prepetition Security Documents and the First Lien Collateral Trust Agreement

\$ 305,863,122.19\$ Undetermined**Describe the lien**

Guarantor to 5.875% Senior Secured Notes due 2024

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

2.2**Creditor's name**

COMPUTERSHARE TRUST COMPANY, N.A.

Creditor's mailing addressATTN: MEGAN FORD
9062 OLD ANNAPOLIS ROAD
COLUMBIA, MD 21045**Creditor's email address, if known**

megan.ford@computershare.com

Date debt was incurred

Undetermined

Last 4 digits of account number**Do multiple creditors have an interest in the same property?**

- ☐ No
- ☒ Yes. Have you already specified the relative priority?
- ☐ No. Specify each creditor, including this creditor, and its relative priority.

- ☒ Yes. The relative priority of creditors is specified on lines 2.1

Describe debtor's property that is subject to a lien

Secured on a pari passu basis by first-priority liens on, and security interests in, the Prepetition Collateral in accordance with the terms of the First Lien Prepetition Security Documents and the First Lien Collateral Trust Agreement

\$ 1,324,806,083.11\$ Undetermined**Describe the lien**

Guarantor to 6.125% Senior Secured Notes due 2029

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☐ No
- ☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☒ Unliquidated
- ☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.\$ 6,952,404,263.10

Debtor Endo International plc
Name

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Case number (If known): 22-22549 (JLG)

Part 1: Additional Page

Column A

Amount of Claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.****2.3****Creditor's name**

COMPUTERSHARE TRUST COMPANY, N.A.

Describe debtor's property that is subject to a lien

Secured on a pari passu basis by first-priority liens on, and security interests in, the Prepetition Collateral in accordance with the terms of the First Lien Prepetition Security Documents and the First Lien Collateral Trust Agreement

\$ 2,072,337,165.30 \$ Undetermined

Creditor's mailing addressATTN: MEGAN FORD
9062 OLD ANNAPOLIS ROAD
COLUMBIA, MD 21045**Describe the lien**

Guarantor to 7.500% Senior Secured Notes due 2027

Creditor's email address, if known

MEGAN.FORD@COMPUTERSHARE.COM

Is the creditor an insider or related party?

- ☒
- No
-
- ☐
- Yes

Date debt was incurred Undetermined**Last 4 digits of account number****Is anyone else liable on this claim?**

- ☐
- No
-
- ☒
- Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☐
- No
-
- ☒
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☒
- Unliquidated
-
- ☐
- Disputed

- ☒
- Yes. The relative priority of creditors is specified on lines 2.1

2.4**Creditor's name**

JPMORGAN CHASE BANK, N.A.

Describe debtor's property that is subject to a lien

As provided in the U.S. Pledge and Security Agreement - First-priority liens on and security interests in substantially all of the Debtors' assets, including all proceeds thereof.

\$ 1,982,282,812.50 \$ Undetermined

Creditor's mailing addressATTN: RYAN BOWMAN
10 S. DEARBORN
CHICAGO, IL 60603**Describe the lien**

Borrower to Term Loan Facility

Creditor's email address, if known

ryan.t.bowman@jpmorgan.com

Is the creditor an insider or related party?

- ☒
- No
-
- ☐
- Yes

Date debt was incurred Undetermined**Last 4 digits of account number****Is anyone else liable on this claim?**

- ☐
- No
-
- ☒
- Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☐
- No
-
- ☒
- Yes. Have you already specified the relative priority?
-
- ☐
- No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐
- Contingent
-
- ☒
- Unliquidated
-
- ☐
- Disputed

- ☒
- Yes. The relative priority of creditors is specified on lines 2.1

Part 1: Additional Page		Column A Amount of Claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
2.5	<p>Creditor's name</p> <p>JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT</p> <p>Creditor's mailing address</p> <p>ATTENTION: RYAN BOWMAN 10 S. DEARBORN CHICAGO, IL 60603</p> <p>Creditor's email address, if known</p> <p>ryan.t.bowman@jpmorgan.com</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1</p>	<p>Describe debtor's property that is subject to a lien</p> <p>As provided in the U.S. Pledge and Security Agreement - First-priority liens on and security interests in substantially all of the Debtors' assets, including all proceeds thereof.</p> <p>\$ 277,875,675.00 \$ Undetermined</p> <p>Describe the lien</p> <p>Borrower to Revolving Credit Facility</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	
2.6	<p>Creditor's name</p> <p>WILMINGTON SAVINGS FUND SOCIETY, FSB</p> <p>Creditor's mailing address</p> <p>ATTN: JOHN MICHOL 500 DELAWARE AVENUE WILMINGTON, DE 19801</p> <p>Creditor's email address, if known</p> <p>jmcnichol@wsfsbank.com</p> <p>Date debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.</p> <p><input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines 2.1</p>	<p>Describe debtor's property that is subject to a lien</p> <p>Second-priority lien on, and on a junior basis with respect to, the Prepetition Collateral in accordance with the terms of the Second Lien Prepetition Security Documents and the Second Lien Collateral Trust Agreement</p> <p>\$ 989,239,405.00 \$ Undetermined</p> <p>Describe the lien</p> <p>Guarantor to 9.500% Senior Secured Second Lien Notes due 2027</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
COMPUTERSHARE TRUST COMPANY, N.A. C/O: ARENTFOX SCHIFF LLP ATTN: BETH BROWNSTEIN, ANDREW SILFEN, NICHOLAS MARTEN 1301 AVENUE OF AMERICAS NEW YORK, NY 10019	Line 2. <u>1</u>	
COMPUTERSHARE TRUST COMPANY, N.A. C/O: ARENTFOX SCHIFF LLP ATTN: BETH BROWNSTEIN, ANDREW SILFEN, NICOLAS MARTEN 1301 AVENUE OF AMERICAS NEW YORK, NY 10019	Line 2. <u>2</u>	
COMPUTERSHARE TRUST COMPANY, N.A. C/O: ARENTFOX SCHIFF LLP ATTN: BETH M. BROWNSTEIN, ANDREW SILFEN, NICOLAS MARTEN 1301 AVENUE OF AMERICAS NEW YORK, NY 10019	Line 2. <u>3</u>	
J.P. MORGAN EUROPE LIMITED, LOAN AND AGENCY GROUP 25 BANK STREET CANARY WHARF, LONDON, E14 5JP UNITED KINGDOM	Line 2. <u>5</u>	
J.P. MORGAN EUROPE LIMITED, LOAN AND AGENCY GROUP 25 BANK STREET CANARY WHARF, LONDON, E14 5JP UNITED KINGDOM	Line 2. <u>4</u>	
JPMORGAN CHASE BANK, N.A. C/O: SIMPSON THACHER & BARTLETT LLP ATTN: SANDEEP QUSBA 425 LEXINGTON AVE. NEW YORK, NY 10017	Line 2. <u>5</u>	
JPMORGAN CHASE BANK, N.A. C/O: SIMPSON THACHER & BARTLETT LLP ATTN: SANDEEP QUSBA 425 LEXINGTON AVE. NEW YORK, NY 10017	Line 2. <u>4</u>	
WILMINGTON SAVINGS FUND SOCIETY, FSB C/O: WILMER CUTLER PICKERING HALE & DORR LLP ATTN: ANDREW GOLDMAN & BENJAMIN LOVELAND 60 STATE STREET BOSTON, MA 02109	Line 2. <u>6</u>	
WILMINGTON TRUST, N.A., COLLATERAL TRUSTEE C/O ALSTON & BIRD LLP ATTN: ANTONE LITTLE 101 SOUTH TRYON STREET, SUITE 4000 CHARLOTTE, NC 28280-4000	Line 2. <u>5</u>	
WILMINGTON TRUST, N.A., COLLATERAL TRUSTEE C/O ALSTON & BIRD LLP ATTN: ANTONE LITTLE 101 SOUTH TRYON STREET, SUITE 4000 CHARLOTTE, NC 28280-4000	Line 2. <u>4</u>	
	Line 2. <u> </u>	

Fill in this information to identify the case:Debtor Endo International plcUnited States Bankruptcy Court for the: Southern District of New YorkCase number
(if known) 22-22549 (JLG)☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)* and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address STATE OF WISCONSIN 2135 RIMROCK ROAD MADISON, WI 53708 Date or dates debt was incurred Undetermined Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Income / Franchise Tax Audit	\$ Undetermined \$ Undetermined
2.2	Priority creditor's name and mailing address Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$ \$
2.3	Priority creditor's name and mailing address Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$ \$

Part 2:

List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address A.F. of L. - A.G.C. Building Trades Welfare Plan c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Undetermined
3.2	Nonpriority creditor's name and mailing address Advantage Behavioral Health Systems c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Undetermined
3.3	Nonpriority creditor's name and mailing address Aetna Inc c/o LOWEY DANNENBERG PC, Attn: LAURA KILLIAN MUMMERT ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Undetermined
3.4	Nonpriority creditor's name and mailing address Alaska Native Tribal Health Consortium, Alaska c/o Hobbs, Straus, Dean, & Walker - Portland, Attn: Geoffrey D. Strommer Ste. 200 215 SW Washington Street Portland, OR 97204 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Undetermined
3.5	Nonpriority creditor's name and mailing address Albany Area Community Service Board d/b/a Aspire Behavioral Health & Developmental Disability Services c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Undetermined
3.6	Nonpriority creditor's name and mailing address Aleutian Pribilof Islands Association, Inc. c/o Hobbs, Straus, Dean, & Walker - Portland, Attn: Geoffrey D. Strommer Ste. 200 215 SW Washington Street Portland, OR 97204 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Undetermined

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address American Federation of State, County and Municipal Employees District Council 37 Health & Security Plan c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address American Federation of State, County and Municipal Employees District Council 37 Health & Security Plan c/o Lief Cabraser Heimann and Bernstein, LLP, Attn: DAN DRACHLER 1904 Third Avenue Suite 1030 Seattle, WA 98101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address AMERICAN STOCK TRANSFER AND TRUST COMPANY LLC ARMOR HOLDCO INC 6201 15TH AVENUE BROOKLYN, NY 11219	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ 8.00
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address America's 1st Choice of South Carolina Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address Amerigroup Community Care Of New Mexico Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12 Nonpriority creditor's name and mailing address

Amerigroup District Of Columbia Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.13 Nonpriority creditor's name and mailing address

Amerigroup Insurance Company d/b/a Amerigroup Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.14 Nonpriority creditor's name and mailing address

Amerigroup Iowa Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.15 Nonpriority creditor's name and mailing address

Amerigroup Kansas Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.16 Nonpriority creditor's name and mailing address

Amerigroup Maryland Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17 Nonpriority creditor's name and mailing address

Amerigroup Mississippi Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.18 Nonpriority creditor's name and mailing address

Amerigroup New Jersey Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.19 Nonpriority creditor's name and mailing address

Amerigroup Ohio Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.20 Nonpriority creditor's name and mailing address

Amerigroup Oklahoma Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.21 Nonpriority creditor's name and mailing address

Amerigroup Pennsylvania Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.22	Nonpriority creditor's name and mailing address Amerigroup Texas Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	Nonpriority creditor's name and mailing address Amerigroup Washington Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	Nonpriority creditor's name and mailing address AmeriHealth Administrators, Inc. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	Nonpriority creditor's name and mailing address AMERIHEALTH CARITAS HEALTH PLAN c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address AmeriHealth HMO, Inc. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.27	Nonpriority creditor's name and mailing address AmeriHealth Insurance Company of New Jersey c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address Amerisource Bergen Drug Corporation c/o Buchanan Ingersoll & Rooney P.C. (Phill, Attn: Samantha Lee Southall Two Liberty Place 50 S. 16th Street, Suite 3200 PHILADELPHIA, PA 19102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	Nonpriority creditor's name and mailing address Amgp Georgia Managed Care Company Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	Nonpriority creditor's name and mailing address Anthem Blue Cross Life And Health Insurance Company c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address Anthem Health Plans Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.32 Nonpriority creditor's name and mailing address

Anthem Health Plans Of Kentucky Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.33 Nonpriority creditor's name and mailing address

Anthem Health Plans Of Maine Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.34 Nonpriority creditor's name and mailing address

Anthem Health Plans Of New Hampshire Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.35 Nonpriority creditor's name and mailing address

Anthem Health Plans Of Virginia Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.36 Nonpriority creditor's name and mailing address

Anthem Insurance Companies Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.37	Nonpriority creditor's name and mailing address Anthem Kentucky Managed Care Plan Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address Anthem Life & Disability Insurance Company c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	Nonpriority creditor's name and mailing address Anthem Life Insurance Company c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.40	Nonpriority creditor's name and mailing address Apc Passe LLC c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.41	Nonpriority creditor's name and mailing address Appanoose County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.42 Nonpriority creditor's name and mailing address

Asbestos Workers Local 6 Health and Welfare Fund, on behalf of themselves and all others similarly situated
c/o Thornton Law Firm LLP, Attn: Evan R. Hoffman
30th Floor
100 Summer Street
Boston, MA 02110

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.43 Nonpriority creditor's name and mailing address

Asbestos Workers Local Union No. 2 Welfare Fund
c/o VSCP Law, Attn: Gregory S. Spizer
Two Commerce Square
2001 Market Street, Ste. 3700
Philadelphia, PA 19103

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.44 Nonpriority creditor's name and mailing address

Baltimore City Board of School Commissioners
c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers
70 W. Madison
Ste. 4000
Chicago, IL 60602

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.45 Nonpriority creditor's name and mailing address

Baltimore County
c/o Silverman Thompson Slutkin and White LLC, Attn: Steven Donald Silverman
201 N Charles St Ste 2600
BALTIMORE, MD 21201

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.46 Nonpriority creditor's name and mailing address

Bannock County, Idaho
c/o Mooney Wieland, Attn: Carl J. Withroe
Ste. 500
802 W. Bannock Street
Boise, ID 83702

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.47 Nonpriority creditor's name and mailing address

BCBS of Mass HMO Blue Inc
c/o LOWEY DANNENBERG PC, Attn: LAURA KILLIAN MUMMERT
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.48 Nonpriority creditor's name and mailing address

BCBS of NC
c/o LOWEY DANNENBERG PC, Attn: LAURA KILLIAN MUMMERT
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.49 Nonpriority creditor's name and mailing address

Bergen County, New Jersey
c/o Carella, Byrne, Cecchi, Olstein, Brody & Agnello, Attn: James E. Cecchi
5 Becker Farm Road
Roseland, NJ 07068

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.50 Nonpriority creditor's name and mailing address

Berkeley County, South Carolina
c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock
5th Floor
700 Broadway
New York, NY 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.51 Nonpriority creditor's name and mailing address

Bi-Lo Holding, LLC
c/o AHERN & ASSOCIATES PC, Attn: THEODORE B. BELL
8 SOUTH MICHIGAN AVE SUITE 3600
CHICAGO, IL 60603

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.52	Nonpriority creditor's name and mailing address Blue Cross & Blue Shield Of Rhode Island c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.53	Nonpriority creditor's name and mailing address Blue Cross and Blue Shield Association c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.54	Nonpriority creditor's name and mailing address Blue Cross And Blue Shield Association c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	Nonpriority creditor's name and mailing address Blue Cross and Blue Shield of Alabama c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address Blue Cross and Blue Shield of Florida Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.57 Nonpriority creditor's name and mailing address

Blue Cross And Blue Shield Of Kansas City
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.58 Nonpriority creditor's name and mailing address

Blue Cross And Blue Shield Of Massachusetts Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.59 Nonpriority creditor's name and mailing address

Blue Cross And Blue Shield Of Minnesota
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.60 Nonpriority creditor's name and mailing address

Blue Cross and Blue Shield of Nebraska, Inc.
c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip
44 SOUTH BROADWAY
SUITE 1100
WHITE PLAINS, NY 10601

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.61 Nonpriority creditor's name and mailing address

Blue Cross And Blue Shield Of Vermont
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.62	Nonpriority creditor's name and mailing address Blue Cross Blue Shield Healthcare Plan Of Georgia Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.63	Nonpriority creditor's name and mailing address Blue Cross Blue Shield Of North Dakota And Nonprofit Company c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.64	Nonpriority creditor's name and mailing address Blue Cross Blue Shield Of Wisconsin c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.65	Nonpriority creditor's name and mailing address Blue Cross Of California c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.66	Nonpriority creditor's name and mailing address Blue Cross Of California Partnership Plan Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.67 Nonpriority creditor's name and mailing address

Blue Cross of Idaho Health Service, Inc.
c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip
44 SOUTH BROADWAY
SUITE 1100
WHITE PLAINS, NY 10601

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.68 Nonpriority creditor's name and mailing address

Blue Shield Of California
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.69 Nonpriority creditor's name and mailing address

Bluecross Blueshield Of South Carolina
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.70 Nonpriority creditor's name and mailing address

Bluecross Blueshield Of Tennessee
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.71 Nonpriority creditor's name and mailing address

Board of County Commissioners of the County of Colfax
c/o Durham, Pittard & Spalding, LLP, Attn: Caren I. Friedman
505 Cerrillos Road, Suite A209
Santa Fe, NM 87501

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.72	Nonpriority creditor's name and mailing address Board of County Commissioners of the County of Luna c/o Durham, Pittard & Spalding, LLP, Attn: Caren I. Friedman 505 Cerrillos Road, Suite A209 Santa Fe, NM 87501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.73	Nonpriority creditor's name and mailing address Board of County Commissioners of the County of Torrance c/o Durham, Pittard & Spalding, LLP, Attn: Justin R. Kaufman 505 Cerrillos Road, Suite A209 Santa Fe, NM 87501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	Nonpriority creditor's name and mailing address Board of County Commissioners of The County of Union c/o Durham, Pittard & Spalding, LLP, Attn: Caren I. Friedman 505 Cerrillos Road, Suite A209 Santa Fe, NM 87501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	Nonpriority creditor's name and mailing address Board of Education of Bangor School Department c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address Board of Education of Boardman Local Schools c/o Gertz & Rosen, Attn: Peter G. Tsarnas 11 South Forge Street Akron, OH 44304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.77	Nonpriority creditor's name and mailing address Board of Education of Breathitt County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.78	Nonpriority creditor's name and mailing address Board of Education of Bullitt County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.79	Nonpriority creditor's name and mailing address Board of Education of Cape Elizabeth School Department c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.80	Nonpriority creditor's name and mailing address Board of Education of East Aurora, School District 131 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.81	Nonpriority creditor's name and mailing address Board of Education of Ellsworth School Department c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.82	Nonpriority creditor's name and mailing address Board of Education of Estill County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	Nonpriority creditor's name and mailing address Board of Education of Fayette County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	Nonpriority creditor's name and mailing address Board of Education of Goshen School District c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.85	Nonpriority creditor's name and mailing address Board of Education of Harrison County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	Nonpriority creditor's name and mailing address Board of Education of Hart County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.87	Nonpriority creditor's name and mailing address Board of Education of Jefferson County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.88	Nonpriority creditor's name and mailing address Board of Education of Johnson County Public School District c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.89	Nonpriority creditor's name and mailing address Board of Education of Joliet Township High School, District 204 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.90	Nonpriority creditor's name and mailing address Board of Education of Kearsarge RSU- School Administrative Unit 65 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.91	Nonpriority creditor's name and mailing address Board of Education of LaRue County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.92	Nonpriority creditor's name and mailing address Board of Education of Lawrence County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.93	Nonpriority creditor's name and mailing address Board of Education of Lebanon School District c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.94	Nonpriority creditor's name and mailing address Board of Education of Liberty Local Schools c/o Gertz & Rosen, Attn: Peter G. Tsarnas 11 South Forge Street Akron, OH 44304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.95	Nonpriority creditor's name and mailing address Board of Education of Maine Regional School (RSU) Unit 10 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.96	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 13 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.97	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 25 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 26 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 29 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 34 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.101	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 40 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.102	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 50 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.103	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 57 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 60 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 71 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.106	Nonpriority creditor's name and mailing address Board of Education of Maine RSU 9 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

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Amount of claim

3.112	Nonpriority creditor's name and mailing address Board of Education of Maine SAD 55 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.113	Nonpriority creditor's name and mailing address Board of Education of Maine SAD 6 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	Nonpriority creditor's name and mailing address Board of Education of Maine SAD 61 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115	Nonpriority creditor's name and mailing address Board of Education of Maine SAD 72 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.116	Nonpriority creditor's name and mailing address Board of Education of Maine School Administrative (SAD) District 11 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.117	Nonpriority creditor's name and mailing address Board of Education of Martin County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.118	Nonpriority creditor's name and mailing address Board of Education of Mason County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119	Nonpriority creditor's name and mailing address Board of Education of Menifee County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.120	Nonpriority creditor's name and mailing address Board of Education of Minnetonka Public School District No. 276 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.121	Nonpriority creditor's name and mailing address Board of Education of Owsley County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.122	Nonpriority creditor's name and mailing address Board of Education of Pittsfield School District c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.123	Nonpriority creditor's name and mailing address Board of Education of Portland School Department c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.124	Nonpriority creditor's name and mailing address Board of Education of Rochester City School District c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.125	Nonpriority creditor's name and mailing address Board of Education of Scarborough School Department c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.126	Nonpriority creditor's name and mailing address Board of Education of South Portland School Department c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.127	Nonpriority creditor's name and mailing address Board of Education of St. George Municipal School District c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.128	Nonpriority creditor's name and mailing address Board of Education of Tamworth School District c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.129	Nonpriority creditor's name and mailing address Board of Education of the Pleasant Valley School District c/o Frantz Law Group APLC, Attn: James Frantz 71 Stevenson Street, Suite 400 San Francisco, CA 94105	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.130	Nonpriority creditor's name and mailing address Board of Education of Thornton Fractional Township High Schools, District 215 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131	Nonpriority creditor's name and mailing address Board of Education of Thornton Township High Schools, District 205 c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.132	Nonpriority creditor's name and mailing address Board of Education of Waterville School Department c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.133	Nonpriority creditor's name and mailing address Board of Education of Wolfe County Public Schools c/o Hughes Socol Piers Resnick & Dym, Attn: Matthew J. Piers 70 W. Madison Ste. 4000 Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.134	Nonpriority creditor's name and mailing address Breckinridge County Fiscal Court all other similarly situated Kentucky counties on behalf of Breckinridge County c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.135	Nonpriority creditor's name and mailing address Bristol Bay Area Health Corporation c/o Hobbs, Straus, Dean, & Walker - Portland, Attn: Geoffrey D. Strommer Ste. 200 215 SW Washington Street Portland, OR 97204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136	Nonpriority creditor's name and mailing address BROADRIDGE INVESTOR COMMUNICATION SOLUTIONS INC BROADRIDGE ICS 51 MERCEDES WAY EDGEWOOD, NY 11717	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ _____ 8,609.57
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.137	Nonpriority creditor's name and mailing address Broward Behavioral Health Coalition, Florida c/o Kopelowitz Ostrow Ferguson Weiselberg Gilbert, Attn: Robert Cecil Gilbert 2800 Ponce de Leon Boulevard Suite 1100 Miami, FL 33134 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.138	Nonpriority creditor's name and mailing address Buxton Hemsley Group, Inc. 1185 Avenue of the Americas Floor 3 New York, NY 10036 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.139	Nonpriority creditor's name and mailing address Camden County, New Jersey c/o Seeger Weiss - Newark, Attn: David R. Buchanan 55 Challenger Road, 6th Floor Ridgefield Park, NJ 07660 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.140	Nonpriority creditor's name and mailing address Cardinal Health Inc c/o Baker & Hostettler LLP, Attn: Victoria Morton Rutherford 45 Rockefeller Plaza New York, NY 10111 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.141	Nonpriority creditor's name and mailing address CareFirst Bluechoice, Inc. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.142	Nonpriority creditor's name and mailing address CareFirst of Maryland, Inc. d/b/a CareFirst BlueCross BlueShield c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.143	Nonpriority creditor's name and mailing address Caremark PHC, LLC c/o Foley & Lardner LLP, Attn: Rachel Esther Kramer 90 Park Ave New York, NY 10016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.144	Nonpriority creditor's name and mailing address Caremore Health Plan c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.145	Nonpriority creditor's name and mailing address Caremore Health Plan Of Arizona Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146	Nonpriority creditor's name and mailing address Caremore Health Plan Of Nevada c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.147	Nonpriority creditor's name and mailing address Caremore Llc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.148	Nonpriority creditor's name and mailing address Caresource Management Group Co c/o LOWEY DANNENBERG PC, Attn: LAURA KILLIAN MUMMERT ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.149	Nonpriority creditor's name and mailing address Caroline County, Maryland c/o Themis PLLC, Attn: John P Pierce 2305 Calvert St NW WASHINGTON, DC 20008 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.150	Nonpriority creditor's name and mailing address Cass County, North Dakota c/o Serkland, Lundberg, Erickson, Marcil & McLean, Attn: Joseph A. Wetch , Jr. P.O. Box 6017 Fargo, ND 58108 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.151	Nonpriority creditor's name and mailing address Centene Corporation c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.152 Nonpriority creditor's name and mailing address

Central States, Southeast and Southwest Areas Health & Welfare Fund,
Individually and on Behalf of All Others Similarly Situated, Illinois
c/o Robbins Geller Rudman & Dowd LLP, Attn: Aelish Marie Baig
Post Montgomery Center
One Montgomery Street, Suite 1800
San Francisco, CA 94104

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.153 Nonpriority creditor's name and mailing address

Cerro Gordo County
c/o Crawford & Mauro, Attn: Nicholas J. Mauro
1701 Ruan Center
666 Grand Avenue
Des Moines, IA 50309

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.154 Nonpriority creditor's name and mailing address

CHAO, JENNIFER M.
ADDRESS ON FILE

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: Indemnification Claim

\$ Undetermined

Date or dates debt was incurred 2/17/2021

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.155 Nonpriority creditor's name and mailing address

Charter Township of Harrison
c/o Kirk and Huth, Attn: Robert S. Huth, Jr.
Ste. 100
19500 Hall Road
Clinton Township, MI 48038

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.156 Nonpriority creditor's name and mailing address

Cherokee County
c/o Crawford & Mauro, Attn: Nicholas J. Mauro
1701 Ruan Center
666 Grand Avenue
Des Moines, IA 50309

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.157 Nonpriority creditor's name and mailing address

Chester County, Pennsylvania, Individually and on Behalf of All Others
Similarly Situated
c/o PENNSYLVANIANS FOR MODERN COURTS, Attn: DEBORAH R.
GROSS
TWO PENN CENTER SUITE 1140
1500 JFK BOULEVARD
PHILADELPHIA, PA 19102

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.158 Nonpriority creditor's name and mailing address

Chet Johnson Drug Inc
c/o CUNEO GILBERT & LADUCA LLP, Attn: JONATHAN W. CUNEO
4725 WISCONSIN AVENUE NW
SUITE 200
WASHINGTON, DC 20016

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.159 Nonpriority creditor's name and mailing address

Chicago Regional Council of Carpenters
c/o Edelson - San Francisco, Attn: Rafey S. Balabanian
150 California Street 18th Floor
San Francisco, CA 94111

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.160 Nonpriority creditor's name and mailing address

Chicago Regional Council of Carpenters Welfare Fund
c/o Edelson - San Francisco, Attn: Rafey S. Balabanian
150 California Street 18th Floor
San Francisco, CA 94111

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.161 Nonpriority creditor's name and mailing address

Chickasaw County
c/o Crawford & Mauro, Attn: Nicholas J. Mauro
1701 Ruan Center
666 Grand Avenue
Des Moines, IA 50309

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.162	Nonpriority creditor's name and mailing address City and County of San Francisco, California c/o Andrus Anderson LLP, Attn: Jennie Lee Anderson 155 Montgomery Street Suite 900 San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.163	Nonpriority creditor's name and mailing address City of Anaheim c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.164	Nonpriority creditor's name and mailing address City of Bellefonte, KY On behalf of themselves and all other similarly situated home rule cities c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.165	Nonpriority creditor's name and mailing address City of Berwyn c/o Edelson, Attn: Alfred Kirkland Murray, II 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.166	Nonpriority creditor's name and mailing address City of Boise, Idaho c/o Mooney Wieland PLLC, Attn: Daniel E Mooney 405 S. 8th Street, Ste. 295 BOISE, ID 83702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

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Amount of claim

3.167 Nonpriority creditor's name and mailing address

City of Boulder (NV)
c/o Keller Lenkner LLC, Attn: Ashley C. Keller
150 North Riverside Plaza
Suite 5100
Chicago, IL 60606

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.168 Nonpriority creditor's name and mailing address

City of Bowie, Maryland
c/o Themis PLLC, Attn: John P Pierce
2305 Calvert St NW
WASHINGTON, DC 20008

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.169 Nonpriority creditor's name and mailing address

CITY OF CHICAGO
ATTN: THOMAS P. MCNULTY & FIONA BURKE
CITY OF CHICAGO DEPT. OF LAW
CONSTITUTIONAL & COMMERCIAL LITIGATION DIVISION
2 NORTH LASALLE STREET, SUITE 520
CHICAGO, IL 60602

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: Opioid Settlement Payment Guaranty

\$ Undetermined

Date or dates debt was incurred 7/5/2022

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.170 Nonpriority creditor's name and mailing address

City of Chicago Heights
c/o Edelson, Attn: Alfred Kirkland Murray, II
14th Floor
350 North LaSalle Street
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.171 Nonpriority creditor's name and mailing address

City of Chubbuck, Idaho
c/o Mooney Wieland, Attn: Carl J. Withroe
Ste. 500
802 W. Bannock Street
Boise, ID 83702

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.172 Nonpriority creditor's name and mailing address

City of Concord, New Hampshire
c/o Cole Law Office, Attn: David N. Cole
65 Dartmouth College Hwy
LYME, NH 03768

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.173 Nonpriority creditor's name and mailing address

City of Coon Rapids, Minnesota
c/o Hoff Barry, P.A., Attn: Jared D. Shepherd
775 Prairie Center Drive
Suite 160
Eden Prairie, MN 55344

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.174 Nonpriority creditor's name and mailing address

City of Costa Mesa
c/o Robins Kaplan, Attn: Bernice Conn
Ste. 3700
2049 Century Plaza East
Los Angeles, CA 90067-3283

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.175 Nonpriority creditor's name and mailing address

City of Covington, Louisiana
c/o Porteous Hainkel & Johnson, Attn: Glenn B Adams
704 Carondelet St
New Orleans, LA 70130

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.176 Nonpriority creditor's name and mailing address

City of Detroit
c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak
Ste. 2150
3011 West Grand Blvd.
Detroit, MI 48202

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.177	Nonpriority creditor's name and mailing address City of Dover, New Hampshire c/o Cole Law Office, Attn: David N. Cole 65 Dartmouth College Hwy LYME, NH 03768	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.178	Nonpriority creditor's name and mailing address City of Dublin c/o Robins Kaplan - Minneapolis, Attn: Holly H. Dolejsi 2800 LaSalle Plaza 800 LaSalle Avenue Minneapolis, MN 55402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.179	Nonpriority creditor's name and mailing address City of Duluth, Minnesota c/o Hoff Barry, P.A., Attn: Jared D. Shepherd 775 Prairie Center Drive Suite 160 Eden Prairie, MN 55344	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.180	Nonpriority creditor's name and mailing address City of East Lansing, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.181	Nonpriority creditor's name and mailing address City of Encinitas c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.182 Nonpriority creditor's name and mailing address

City of Escanaba
c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith
603 Bay Street
P.O. Box 705
Traverse City, MI 49685

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.183 Nonpriority creditor's name and mailing address

City of Fargo, North Dakota
c/o Serkland Law Firm, Attn: Ian Ronald McLean
P.O. Box 6017
Fargo, ND 58108-6017

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.184 Nonpriority creditor's name and mailing address

City of Frederick, Maryland
c/o Themis PLLC, Attn: John P Pierce
2305 Calvert St NW
WASHINGTON, DC 20008

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.185 Nonpriority creditor's name and mailing address

City of Fullerton, California
c/o Robins Kaplan, Attn: Bernice Conn
Ste. 3700
2049 Century Plaza East
Los Angeles, CA 90067-3283

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.186 Nonpriority creditor's name and mailing address

City of Grand Forks, North Dakota
c/o Serkland, Lundberg, Erickson, Marcil & McLean, Attn: Joseph A. Wetch, Jr.
P.O. Box 6017
Fargo, ND 58108

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.187	Nonpriority creditor's name and mailing address City of Grand Rapids, Michigan c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak Ste. 2150 3011 West Grand Blvd. Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.188	Nonpriority creditor's name and mailing address City of Grande Prairie c/o Napoli Shkolnik PPLC, Attn: Hunter J. Shkolnik 360 Lexington Avenue New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.189	Nonpriority creditor's name and mailing address City of Greenup, KY On behalf of themselves and all other similarly situated home rule cities c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.190	Nonpriority creditor's name and mailing address City Of Harvey c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.191	Nonpriority creditor's name and mailing address City of Henderson, Kentucky c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.192 Nonpriority creditor's name and mailing address

City of Hopwell, Virginia
c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock
5th Floor
700 Broadway
New York, NY 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.193 Nonpriority creditor's name and mailing address

City of Jackson, Michigan
c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock
5th Floor
700 Broadway
New York, NY 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.194 Nonpriority creditor's name and mailing address

City of Jenkins, KY On behalf of themselves and all other similarly situated home rule cities
c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn
2525 Nelson Miller Parkway Ste. 107
Louisville, KY 40223

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.195 Nonpriority creditor's name and mailing address

City of Jersey City, New Jersey
c/o Carella, Byrne, Cecchi, Olstein, Brody & Agnello, Attn: James E. Cecchi
5 Becker Farm Road
Roseland, NJ 07068

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.196 Nonpriority creditor's name and mailing address

City of Kankakee
c/o Edelson, Attn: Ari Jonathan Scharg
14th Floor
350 North LaSalle Street
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.197	Nonpriority creditor's name and mailing address City of La Habra c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.198	Nonpriority creditor's name and mailing address City of La Mesa c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.199	Nonpriority creditor's name and mailing address City of Lansing c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak Ste. 2150 3011 West Grand Blvd. Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.200	Nonpriority creditor's name and mailing address City of Los Angeles, California c/o Robbins Geller Rudman & Dowd LLP, Attn: Aelish Marie Baig Post Montgomery Center One Montgomery Street, Suite 1800 San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.201	Nonpriority creditor's name and mailing address City of Marinette c/o Keller Lenkner LLC, Attn: Ashley C. Keller 150 North Riverside Plaza Chicago, IL 60606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.202	Nonpriority creditor's name and mailing address City of Mesquite (NV) c/o Keller Lenkner LLC, Attn: Ashley C. Keller 150 North Riverside Plaza Suite 5100 Chicago, IL 60606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.203	Nonpriority creditor's name and mailing address City of Mobile c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.204	Nonpriority creditor's name and mailing address City of Murrieta c/o Robins Kaplan - Minneapolis, Attn: Holly H. Dolejsi 2800 LaSalle Plaza 800 LaSalle Avenue Minneapolis, MN 55402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.205	Nonpriority creditor's name and mailing address City of North St. Paul c/o Campbell Knutson, Attn: Jared D. Shepherd Grand Oak Office Center 1860 Blue Gentian Road, Ste. 209 Eagan, MN 55121	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.206	Nonpriority creditor's name and mailing address City of Northlake c/o Edelson, Attn: Alfred Kirkland Murray, II 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.207	Nonpriority creditor's name and mailing address City of Oxnard c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.208	Nonpriority creditor's name and mailing address City of Pekin c/o Edelson, Attn: Alfred Kirkland Murray, II 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.209	Nonpriority creditor's name and mailing address City of Peoria c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.210	Nonpriority creditor's name and mailing address City of Phoenix, Arizona c/o Robbins Geller Rudman & Dowd LLP, Attn: Dorothy P. Antullis 120 East Palmetto Park Road Suite 500 BOCA RATON, FL 33432	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.211	Nonpriority creditor's name and mailing address City of Pineville, KY On behalf of themselves and all other similarly situated home rule cities c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.212	Nonpriority creditor's name and mailing address City of Placentia c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.213	Nonpriority creditor's name and mailing address City of Pocatello, Idaho c/o Mooney Wieland PLLC, Attn: Steven P Wieland 802 W. Bannock St., Ste 500 BOISE, ID 83702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.214	Nonpriority creditor's name and mailing address City of Poughkeepsie c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.215	Nonpriority creditor's name and mailing address City of Preston, Idaho c/o Mooney Wieland PLLC, Attn: Steven P Wieland 802 W. Bannock St., Ste 500 BOISE, ID 83702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.216	Nonpriority creditor's name and mailing address City of Proctor, Minnesota c/o Hoff Barry, P.A., Attn: Jared D. Shepherd 775 Prairie Center Drive Suite 160 Eden Prairie, MN 55344	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.217	Nonpriority creditor's name and mailing address City of Providence, Rhode Island c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.218	Nonpriority creditor's name and mailing address City of Rochester c/o Terence Murphy O'Rourke City of Rochester 31 Wakefield Street ROCHESTER, NH 03867	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.219	Nonpriority creditor's name and mailing address City of Rochester, Minnesota c/o Hoff Barry, P.A., Attn: Jared D. Shepherd 775 Prairie Center Drive Suite 160 Eden Prairie, MN 55344	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.220	Nonpriority creditor's name and mailing address City of Russell, KY On behalf of themselves and all other similarly situated home rule cities c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.221	Nonpriority creditor's name and mailing address City of Sacramento c/o Susman Godfrey, Attn: Steven G. Sklaver Suite 950 1901 Avenue of the Stars Los Angeles, CA 90067-6029	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.222	Nonpriority creditor's name and mailing address City of San Clemente c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.223	Nonpriority creditor's name and mailing address City of San Diego, California c/o San Diego City Attorney, Attn: Mark D. Ankcom 1200 Third Avenue, Suite 1100 SAN DIEGO, CA 92101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.224	Nonpriority creditor's name and mailing address City of Santa Ana c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.225	Nonpriority creditor's name and mailing address City of Sault Ste. Marie, Michigan c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak Ste. 2150 3011 West Grand Blvd. Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.226	Nonpriority creditor's name and mailing address City of South Shore, KY On behalf of themselves and all other similarly situated home rule cities c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.227	Nonpriority creditor's name and mailing address City of Sterling Heights c/o Kirk and Huth, Attn: Robert S. Huth , Jr. Ste. 100 19500 Hall Road Clinton Township, MI 48038	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.228	Nonpriority creditor's name and mailing address City of Streator c/o Edelson, Attn: Ari Jonathan Scharg 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.229	Nonpriority creditor's name and mailing address City of Superior, Wisconsin c/o The Previant Law Firm, S.C., Attn: Casey Paul Shorts 310 W. Wisconsin Avenue, Ste. 100 MW Milwaukee, WI 53203	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.230	Nonpriority creditor's name and mailing address City of Traverse City, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.231	Nonpriority creditor's name and mailing address City of Twin Falls, Idaho c/o Mooney Wieland PLLC, Attn: Daniel E Mooney 405 S. 8th Street, Ste. 295 BOISE, ID 83702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.232	Nonpriority creditor's name and mailing address City of Vanceburg, KY On behalf of themselves and all other similarly situated home rule cities c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.233	Nonpriority creditor's name and mailing address City of Warren, Michigan c/o Kirk and Huth, Attn: Robert S. Huth , Jr. Ste. 100 19500 Hall Road Clinton Township, MI 48038 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.234	Nonpriority creditor's name and mailing address City of Westland, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.235	Nonpriority creditor's name and mailing address City of Westminster c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.236	Nonpriority creditor's name and mailing address City of Worthington, KY On behalf of themselves and all other similarly situated home rule cities c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined

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Amount of claim

3.237	Nonpriority creditor's name and mailing address Claim Management Services Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.238	Nonpriority creditor's name and mailing address Class of Doxycycline End-Payers c/o LOCKRIDGE GRINDAL NAUEN PLLP, Attn: HEIDI M SILTON 100 SOUTH WASHINGTON AVENUE SUITE 2200 MINNEAPOLIS, MN 55401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.239	Nonpriority creditor's name and mailing address Class of Propranolol End-Payers c/o LOCKRIDGE GRINDAL NAUEN PLLP, Attn: HEIDI M SILTON 100 SOUTH WASHINGTON AVENUE SUITE 2200 MINNEAPOLIS, MN 55401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.240	Nonpriority creditor's name and mailing address Clayton Community MH/SA/DS Service Board c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.241	Nonpriority creditor's name and mailing address Cleveland Bakers and Teamsters Health and Welfare Fund c/o Robbins Geller Rudman & Dowd LLP, Attn: Aelish Marie Baig Post Montgomery Center One Montgomery Street, Suite 1800 San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.242	Nonpriority creditor's name and mailing address Cobb County Community Service Board c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.243	Nonpriority creditor's name and mailing address COLE SCHOTZ PC 25 MAIN STREET COURT PLAZA NORTH HACKENSACK, NJ 07602-0800	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ 285.00
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.244	Nonpriority creditor's name and mailing address Community Care Health Plan Of Louisiana Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.245	Nonpriority creditor's name and mailing address Community Care Health Plan Of Nevada Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.246	Nonpriority creditor's name and mailing address Community Insurance Company c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.247	Nonpriority creditor's name and mailing address Community Mental Health Center of East Central Georgia d/b/a Serenity Behavioral Health Systems c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.248	Nonpriority creditor's name and mailing address Community Service Board of Middle Georgia c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.249	Nonpriority creditor's name and mailing address Compicare Health Services Insurance Corporation c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.250	Nonpriority creditor's name and mailing address CompServices, Inc. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.251	Nonpriority creditor's name and mailing address COMPUTERSHARE INVESTOR SERVICES IRELAND LIMITED 3100 LAKE DRIVE CITYWEST BUS CAMPUS DUBLIN 24, D24 AK82 IRELAND (EIRE)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.252	Nonpriority creditor's name and mailing address CONYERS DILL AND PEARMAN 2 CHURCH STREET HAMILTON, HM 11 BERMUDA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ 18,737.50
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.253	Nonpriority creditor's name and mailing address COOKE, SHANE M. ADDRESS ON FILE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification Claim	\$ Undetermined
	Date or dates debt was incurred 8/25/2015 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.254	Nonpriority creditor's name and mailing address County of Alameda c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.255	Nonpriority creditor's name and mailing address County of Albany c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.256	Nonpriority creditor's name and mailing address County of Alcona, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.257 Nonpriority creditor's name and mailing address

County of Alger, Michigan
c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith
603 Bay Street
P.O. Box 705
Traverse City, MI 49685

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.258 Nonpriority creditor's name and mailing address

County of Alpena, Michigan
c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak
Ste. 2150
3011 West Grand Blvd.
Detroit, MI 48202

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.259 Nonpriority creditor's name and mailing address

County of Antrim, Michigan
c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith
603 Bay Street
P.O. Box 705
Traverse City, MI 49685

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.260 Nonpriority creditor's name and mailing address

County of Arenac, Michigan
c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith
603 Bay Street
P.O. Box 705
Traverse City, MI 49685

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.261 Nonpriority creditor's name and mailing address

County of Baraga, Michigan
c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith
603 Bay Street
P.O. Box 705
Traverse City, MI 49685

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.262	Nonpriority creditor's name and mailing address County of Benzie, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.263	Nonpriority creditor's name and mailing address County of Berrien, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.264	Nonpriority creditor's name and mailing address County of Cass, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.265	Nonpriority creditor's name and mailing address County of Cattaraugus c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.266	Nonpriority creditor's name and mailing address County of Charlevoix, Michigan c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak Ste. 2150 3011 West Grand Blvd. Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.267	Nonpriority creditor's name and mailing address County of Cheboygan c/o The Miller Law Firm, P.C., Attn: Sharon S. Almonrode 950 West University Drive Suite 300 Rochester, MI 48307	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.268	Nonpriority creditor's name and mailing address County of Chemung c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.269	Nonpriority creditor's name and mailing address County of Chenango c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.270	Nonpriority creditor's name and mailing address County of Chippewa c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.271	Nonpriority creditor's name and mailing address County of Clinton, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.272	Nonpriority creditor's name and mailing address County of Columbia c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.273	Nonpriority creditor's name and mailing address County of Crawford, Michigan c/o Weitz & Luxenberg - New York, Attn: Ellen Relkin 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.274	Nonpriority creditor's name and mailing address County of Delta c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.275	Nonpriority creditor's name and mailing address County of Dickinson, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.276	Nonpriority creditor's name and mailing address County of Erie c/o NAPOLI SHKOLNIK & ASSOC., PLLC, Attn: W. STEVEN BERMAN 10,000 LINCOLN DRIVE E ONE GREENTREE CENTER, SUITE 201 MARLTON, NJ 08053	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.277	Nonpriority creditor's name and mailing address County of Essex c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.278	Nonpriority creditor's name and mailing address County of Genesee c/o Behm and Behm, Attn: Michael J. Behm 209 Schwartz Drive Flint, MI 48503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.279	Nonpriority creditor's name and mailing address County of Grand Traverse c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.280	Nonpriority creditor's name and mailing address County of Gratiot, Michigan c/o Behm and Behm, Attn: Michael J. Behm 209 Schwartz Drive Flint, MI 48503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.281	Nonpriority creditor's name and mailing address County of Hillsdale c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak Ste. 2150 3011 West Grand Blvd. Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.282	Nonpriority creditor's name and mailing address County of Houghton, Michigan c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak Ste. 2150 3011 West Grand Blvd. Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.283	Nonpriority creditor's name and mailing address County of Ingham, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.284	Nonpriority creditor's name and mailing address County of Ionia, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.285	Nonpriority creditor's name and mailing address County of Iosco, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.286	Nonpriority creditor's name and mailing address County of Iron Mountain, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.287	Nonpriority creditor's name and mailing address County of Isabella, Michigan c/o Behm and Behm, Attn: Michael J. Behm 209 Schwartz Drive Flint, MI 48503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.288	Nonpriority creditor's name and mailing address County of Kent, Michigan c/o Welch Law Firm, Attn: Elizabeth Welch P.O. Box 6262 Grand Rapids, MI 49516	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.289	Nonpriority creditor's name and mailing address County of Lake, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.290	Nonpriority creditor's name and mailing address County of Leelanau, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.291	Nonpriority creditor's name and mailing address County of Lenawee, Michigan c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak Ste. 2150 3011 West Grand Blvd. Detroit, MI 48202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.292	Nonpriority creditor's name and mailing address County of Livingston c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.293	Nonpriority creditor's name and mailing address County of Livingston, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.294	Nonpriority creditor's name and mailing address County of Luce, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.295	Nonpriority creditor's name and mailing address County of Macomb c/o Behm and Behm, Attn: Michael J. Behm 209 Schwartz Drive Flint, MI 48503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.296	Nonpriority creditor's name and mailing address County of Manistee, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.297 Nonpriority creditor's name and mailing address

County of Marin, California
c/o Andrus Anderson, Attn: Jennie Lee Anderson
155 Montgomery Street Ste. 900
San Francisco, CA 94104

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.298 Nonpriority creditor's name and mailing address

County of Marquette, Michigan
c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith
603 Bay Street
P.O. Box 705
Traverse City, MI 49685

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.299 Nonpriority creditor's name and mailing address

County of Merrimack, Montana
c/o Mitchell Municipal Group PA, Attn: Naomi N. Butterfield
25 Beacon Street E
LACONIA, NH 03246

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.300 Nonpriority creditor's name and mailing address

County of Monroe
c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis
360 Lexington Ave., 11th Floor
New York, NY 10017

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.301 Nonpriority creditor's name and mailing address

County of Monroe, Michigan
c/o The Miller Law Firm, P.C., Attn: Sharon S. Almonrode
950 West University Drive
Suite 300
Rochester, MI 48307

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2:

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.302	Nonpriority creditor's name and mailing address County of Montcalm, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.303	Nonpriority creditor's name and mailing address County of Montmorency, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.304	Nonpriority creditor's name and mailing address County of Napa, California c/o Andrus Anderson, Attn: Jennie Lee Anderson 155 Montgomery Street Ste. 900 San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.305	Nonpriority creditor's name and mailing address County of Newaygo, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway NEW YORK, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.306	Nonpriority creditor's name and mailing address County of Oakland c/o The Miller Law Firm, P.C., Attn: Dennis A. Lienhardt 950 W. University Drive Suite 300 Rochester, MI 48307	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.307	Nonpriority creditor's name and mailing address County of Oceana, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.308	Nonpriority creditor's name and mailing address County of Ogemaw, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.309	Nonpriority creditor's name and mailing address County of Oneida c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.310	Nonpriority creditor's name and mailing address County of Onondaga c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.311	Nonpriority creditor's name and mailing address County of Ontonagon, Michigan c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.312 Nonpriority creditor's name and mailing address

County of Osceola
c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis
360 Lexington Ave., 11th Floor
New York, NY 10017

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.313 Nonpriority creditor's name and mailing address

County of Osceola, Michigan
c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith
603 Bay Street
P.O. Box 705
Traverse City, MI 49685

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.314 Nonpriority creditor's name and mailing address

County of Otsego
c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis
360 Lexington Ave., 11th Floor
New York, NY 10017

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.315 Nonpriority creditor's name and mailing address

County of Otsego, Michigan
c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith
603 Bay Street
P.O. Box 705
Traverse City, MI 49685

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.316 Nonpriority creditor's name and mailing address

County of Presque Isle, Michigan
c/o Weitz & Luxenberg - Detroit, Attn: Paul F. Novak
Ste. 2150
3011 West Grand Blvd.
Detroit, MI 48202

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.317	Nonpriority creditor's name and mailing address County of Roscommon, Michigan c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith 603 Bay Street P.O. Box 705 Traverse City, MI 49685	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.318	Nonpriority creditor's name and mailing address County of Saginaw c/o Behm and Behm, Attn: Michael J. Behm 209 Schwartz Drive Flint, MI 48503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.319	Nonpriority creditor's name and mailing address County of San Luis Obispo, California c/o Andrus Anderson, Attn: Jennie Lee Anderson 155 Montgomery Street Ste. 900 San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.320	Nonpriority creditor's name and mailing address County of San Mateo c/o Cotchett, Pitre & McCarthy, Attn: Anne Marie Murphy 840 Malcolm Road Ste. 200 Burlingame, CA 94010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.321	Nonpriority creditor's name and mailing address County of Sanilac, Michigan c/o Behm and Behm, Attn: Michael J. Behm 209 Schwartz Drive Flint, MI 48503	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page	
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	
Amount of claim	
3.322	<div><div>Nonpriority creditor's name and mailing address</div><div>County of Santa Cruz, California c/o Andrus Anderson, Attn: Jennie Lee Anderson 155 Montgomery Street Ste. 900 San Francisco, CA 94104</div><div>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation</div><div>\$ Undetermined</div></div> <div><div>Date or dates debt was incurred</div><div>Undetermined</div><div>Is the claim subject to offset?</div><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Last 4 digits of account number</div></div>
3.323	<div><div>Nonpriority creditor's name and mailing address</div><div>County of Schuyler c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017</div><div>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation</div><div>\$ Undetermined</div></div> <div><div>Date or dates debt was incurred</div><div>Undetermined</div><div>Is the claim subject to offset?</div><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Last 4 digits of account number</div></div>
3.324	<div><div>Nonpriority creditor's name and mailing address</div><div>County of Shelby c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017</div><div>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation</div><div>\$ Undetermined</div></div> <div><div>Date or dates debt was incurred</div><div>Undetermined</div><div>Is the claim subject to offset?</div><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Last 4 digits of account number</div></div>
3.325	<div><div>Nonpriority creditor's name and mailing address</div><div>County of Shiawassee, Michigan c/o Behm and Behm, Attn: Michael J. Behm 209 Schwartz Drive Flint, MI 48503</div><div>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation</div><div>\$ Undetermined</div></div> <div><div>Date or dates debt was incurred</div><div>Undetermined</div><div>Is the claim subject to offset?</div><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Last 4 digits of account number</div></div>
3.326	<div><div>Nonpriority creditor's name and mailing address</div><div>County of Sonoma, California c/o Andrus Anderson, Attn: Jennie Lee Anderson 155 Montgomery Street Ste. 900 San Francisco, CA 94104</div><div>As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation</div><div>\$ Undetermined</div></div> <div><div>Date or dates debt was incurred</div><div>Undetermined</div><div>Is the claim subject to offset?</div><div><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div><div>Last 4 digits of account number</div></div>

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.327 Nonpriority creditor's name and mailing address

County of St. Clair, Michigan
c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock
5th Floor
700 Broadway
New York, NY 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.328 Nonpriority creditor's name and mailing address

County of Suffolk
c/o CALCATERRA POLLACK LLP, Attn: JANINE LEE POLLACK
1140 AVENUE OF THE AMERICAS 9TH FL
NEW YORK, NY

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.329 Nonpriority creditor's name and mailing address

County of Tulare, California
c/o Casey, Gerry, Schenk, Francavilla, Blatt & Penfield LLP, Attn: Alyssa Marie Williams
110 Laurel Street
San Diego, CA 92101

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.330 Nonpriority creditor's name and mailing address

County of Tuscola, Michigan
c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock
5th Floor
700 Broadway
New York, NY 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.331 Nonpriority creditor's name and mailing address

County of Washtenaw, Michigan
c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock
5th Floor
700 Broadway
New York, NY 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

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Amount of claim

3.332 Nonpriority creditor's name and mailing address

County of Wayne, Michigan
c/o The Miller Law Firm, P.C., Attn: Dennis A. Lienhardt
950 W. University Drive
Suite 300
Rochester, MI 48307

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.333 Nonpriority creditor's name and mailing address

County of Westchester
c/o Napoli Shkolnik PLLC, Attn: Salvatore C. Badala
360 Lexington Avenue
11th Floor
New York, NY 10017

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.334 Nonpriority creditor's name and mailing address

County of Wexford, Michigan
c/o Smith & Johnson Attorneys PC, Attn: Timothy P. Smith
603 Bay Street
P.O. Box 705
Traverse City, MI 49685

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.335 Nonpriority creditor's name and mailing address

County of Yates
c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis
360 Lexington Ave., 11th Floor
New York, NY 10017

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.336 Nonpriority creditor's name and mailing address

CVS Pharmacy Inc
c/o Constantine Cannon LLP, Attn: Allison Sheedy
1001 Pennsylvania Ave, NW
Suite 1300N
Washington, DC 20004

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.337	Nonpriority creditor's name and mailing address CVS Pharmacy, Inc. c/o Hangley Aronchick Segal Pudlin & Schiller, Attn: Barry L Refsin One Logan Square 27th Floor Philadelphia, PA 19103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.338	Nonpriority creditor's name and mailing address Detectives Endowment Association of The City of New York c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.339	Nonpriority creditor's name and mailing address Detroit Wayne Mental Health Authority, Michigan c/o The Miller Law Firm, P.C., Attn: Sharon S. Almonrode 950 West University Drive Suite 300 Rochester, MI 48307	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.340	Nonpriority creditor's name and mailing address DF KING AND CO INC 48 WALL STREET 22ND FL NEW YORK, NY 10005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$	20,102.00
	Date or dates debt was incurred 	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.341	Nonpriority creditor's name and mailing address DONNELLEY FINANCIAL LLC DBA DONNELLEY FINANCIAL SOLUTIONS 35 W WACKER DRIVE CHICAGO, IL 60601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.342	Nonpriority creditor's name and mailing address DONNELLEY FINANCIAL SOLUTIONS DONNELLEY FINANCIAL LLC PO BOX 842282 BOSTON, MA 02284-2282	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ 3,642.00
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.343	Nonpriority creditor's name and mailing address Drogueria Betances, LLC, on behalf of itself and all others similarly situated c/o Garwin Gerstein & Fisher LLP, Attn: Bruce E. Gerstein 1501 Broadway Suite 1416 New York, NY 10036	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.344	Nonpriority creditor's name and mailing address Dry Creek Band of Pomo Indians c/o Skikos Crawford Skikos & Joseph - San Francisco, Attn: Steven J. Skikos Ste. 2830 1 Sansome Street San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.345	Nonpriority creditor's name and mailing address Eddy County c/o Durham, Pittard & Spalding, LLP, Attn: Caren I. Friedman 505 Cerrillos Road, Suite A209 Santa Fe, NM 87501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.346	Nonpriority creditor's name and mailing address Emblemhealth Inc & Its Subsidiaries Including Hipogny & GH Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.347	Nonpriority creditor's name and mailing address Emmet County, Iowa c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.348	Nonpriority creditor's name and mailing address Empire Healthchoice Assurance Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.349	Nonpriority creditor's name and mailing address Empire Healthchoice Hmo Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.350	Nonpriority creditor's name and mailing address ENDO LUXEMBOURG FINANCE COMPANY I S.À R.L. 18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Intercompany Payable	\$ 199,185,683.34
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.351	Nonpriority creditor's name and mailing address ENDO PHARMACEUTICALS INC. 1400 ATWATER DRIVE MALVERN, PA 19355	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Intercompany Payable	\$ 131,581,902.64
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.352 Nonpriority creditor's name and mailing address

ENDO U.S. INC.
1400 ATWATER DRIVE
MALVERN, PA 19355

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Intercompany Payable

\$ 3,528.20

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.353 Nonpriority creditor's name and mailing address

ENDO VENTURES LIMITED
FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD
BALLSBRIDGE
DUBLIN 4,
IRELAND (EIRE)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Intercompany Payable

\$ 51,150,027.13

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.354 Nonpriority creditor's name and mailing address

Essex County, New Jersey
c/o Carella, Byrne, Cecchi, Olstein, Brody & Agnello, Attn: James E. Cecchi
5 Becker Farm Road
Roseland, NJ 07068

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.355 Nonpriority creditor's name and mailing address

ETRADE FINANCIAL CORPORATE SERVICES
INC
671 N GLEBE ROAD
ARLINGTON, VA 22203

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Trade Payable

\$ 11,635.44

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.356 Nonpriority creditor's name and mailing address

Express Scripts Inc
c/o Husch Blackwell LLP, Attn: Matthew D. Knepper
190 Carondelet Plaza, Suite 600
St Louis, MO 63105

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Antitrust Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.357	Nonpriority creditor's name and mailing address Falconer Pharmacy Inc c/o CUNEO GILBERT & LADUCA LLP, Attn: JONATHAN W. CUNEO 4725 WISCONSIN AVENUE NW SUITE 200 WASHINGTON, DC 20016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.358	Nonpriority creditor's name and mailing address Federal Trade Commission c/o Federal Trade Commission, Attn: Markus H. Meier 400 7th Street SW Washington, DC 20024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.359	Nonpriority creditor's name and mailing address Frederick County, Maryland c/o Themis PLLC, Attn: John P Pierce 2305 Calvert St NW WASHINGTON, DC 20008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.360	Nonpriority creditor's name and mailing address Freedom Health Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.361	Nonpriority creditor's name and mailing address Fremont County, Iowa c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.362	Nonpriority creditor's name and mailing address FWK Holdings, LLC c/o Sperling & Slater PC, Attn: David P. Germaine 55 W. Monroe St. Suite 3200 Chicago, IL 60603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.363	Nonpriority creditor's name and mailing address FWK Holdings, LLC c/o Hagens Berman Sobol Shapiro LLP, Attn: Thomas M. Sobol 55 Cambridge Parkway Suite 301 Cambridge, MA 02142	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.364	Nonpriority creditor's name and mailing address Garrett County, Maryland c/o Themis PLLC, Attn: John P. Pierce 2305 Calvert St NW WASHINGTON, DC 20008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.365	Nonpriority creditor's name and mailing address Gateway Community Service Board c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.366	Nonpriority creditor's name and mailing address Georgia Mountains Community Services d/b/a Avita Community Partners c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.367	Nonpriority creditor's name and mailing address Georgia Pines Community Service Board c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.368	Nonpriority creditor's name and mailing address GFD COMMUNICATIONS LIMITED	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ 1,091.53
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.369	Nonpriority creditor's name and mailing address Global Tpa LLC c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.370	Nonpriority creditor's name and mailing address Government Employees Health Association, Inc. c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.371	Nonpriority creditor's name and mailing address Government Employees Health Association, Inc. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.372	Nonpriority creditor's name and mailing address Greater Georgia Life Insurance Company Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.373	Nonpriority creditor's name and mailing address Green County Fiscal Court all other similarly situated Kentucky counties on behalf of Green County c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.374	Nonpriority creditor's name and mailing address Group Hospitalization and Medical Services, Inc. d/b/a CareFirst BlueCross BlueShield c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.375	Nonpriority creditor's name and mailing address Halliday's & Koivisto's Pharmacy c/o CUNEO GILBERT & LADUCA LLP, Attn: JONATHAN W. CUNEO 4725 WISCONSIN AVENUE NW SUITE 200 WASHINGTON, DC 20016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.376	Nonpriority creditor's name and mailing address Hancock County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.377	Nonpriority creditor's name and mailing address Hardin County Fiscal Court all other similarly situated Kentucky counties on behalf of Hardin County c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn 2525 Nelson Miller Parkway Ste. 107 Louisville, KY 40223	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.378	Nonpriority creditor's name and mailing address Harford County, Maryland c/o Themis PLLC, Attn: John P Pierce 2305 Calvert St NW WASHINGTON, DC 20008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.379	Nonpriority creditor's name and mailing address Harmon County Board of County Commissioners c/o Fulmer Sill Law Group, Attn: Harrison C. Lujan 1101 North Broadway Avenue Ste. 102 Oklahoma City, OK 73103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.380	Nonpriority creditor's name and mailing address Harris County, Texas c/o THE CICALA LAW FIRM PLLC, Attn: JOANNE CICALA 101 COLLEGE STREET DRIPPING SPRINGS, TX 78620	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.381	Nonpriority creditor's name and mailing address Harvard Pilgrim Health Care Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

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Additional Page

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Amount of claim

3.382	Nonpriority creditor's name and mailing address Hawaii Medical Service Association c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.383	Nonpriority creditor's name and mailing address HAYSTACK NEEDLE LLC 2280 EIGHTH AVENUE SUITE 10B NEW YORK, NY 10027	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.384	Nonpriority creditor's name and mailing address Health Care Service Corp c/o LOWEY DANNENBERG PC, Attn: LAURA KILLIAN MUMMERT ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.385	Nonpriority creditor's name and mailing address Health Net Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.386	Nonpriority creditor's name and mailing address Health Partners Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

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Amount of claim

3.387	Nonpriority creditor's name and mailing address Healthkeepers Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.388	Nonpriority creditor's name and mailing address Healthlink Hmo Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.389	Nonpriority creditor's name and mailing address HealthNow New York, Inc. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.390	Nonpriority creditor's name and mailing address Healthplus Hp LLC c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.391	Nonpriority creditor's name and mailing address Healthsun Health Plans Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.392	Nonpriority creditor's name and mailing address Healthy Alliance Life Insurance Company c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.393	Nonpriority creditor's name and mailing address H-E-B LP c/o Kenny Nachwalter P.A., Attn: Anna Theresa Neill Four Seasons Tower 1441 Brickell Avenue, Suite 1100 Miami, FL 33131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.394	Nonpriority creditor's name and mailing address Hennepin County c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.395	Nonpriority creditor's name and mailing address Henry County, Iowa c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.396	Nonpriority creditor's name and mailing address Her Majesty The Queen in Right of the Province of British Columbia c/o British Columbia Ministry of Justice, Attn: Honourable David Eby, Attorney General P.O. Box 9044 Stn Prov Govt Victoria, BC V8W 9E2 CANADA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.397	Nonpriority creditor's name and mailing address Highland Rivers Community Service Board d/b/a Highland Rivers Health c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.398	Nonpriority creditor's name and mailing address Highmark Bcbds Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.399	Nonpriority creditor's name and mailing address Highmark Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.400	Nonpriority creditor's name and mailing address Highmark West Virginia Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.401	Nonpriority creditor's name and mailing address Hmo Colorado Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.402	Nonpriority creditor's name and mailing address Hmo Missouri Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.403	Nonpriority creditor's name and mailing address Horizon Healthcare Services Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.404	Nonpriority creditor's name and mailing address HOULIHAN LOKEY CAPITAL INC 10250 CONSTELLATION BLVD 5TH FL LOS ANGELES, CA 90067	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.405	Nonpriority creditor's name and mailing address Humana Inc c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.406	Nonpriority creditor's name and mailing address Humana Inc c/o LOWEY DANNENBERG PC, Attn: LAURA KILLIAN MUMMERT ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.407 Nonpriority creditor's name and mailing address

Humana Inc.
c/o Girard Sharp LLP, Attn: Dena C. Sharp
601 California Street, Suite 1400
San Francisco, CA 94108

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Antitrust Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.408 Nonpriority creditor's name and mailing address

HUTSON, NANCY J., PH.D.
ADDRESS ON FILE

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: Indemnification Claim

\$ Undetermined

Date or dates debt was incurred 2/28/2014

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.409 Nonpriority creditor's name and mailing address

HYATT, MICHAEL
ADDRESS ON FILE

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: Indemnification Claim

\$ Undetermined

Date or dates debt was incurred 2/28/2014

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.410 Nonpriority creditor's name and mailing address

Ida County
c/o Crawford & Mauro, Attn: Nicholas J. Mauro
1701 Ruan Center
666 Grand Avenue
Des Moines, IA 50309

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.411 Nonpriority creditor's name and mailing address

ILWU-PMA Welfare Plan
c/o Hughes Socol Piers Resnick Dym, Attn: Caryn C. Lederer
Ste. 4000
70 West Madison Street
Chicago, IL 60602

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim**3.412 Nonpriority creditor's name and mailing address**

Independence Hospital Indemnity Plan, Inc.
c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip
44 SOUTH BROADWAY
SUITE 1100
WHITE PLAINS, NY 10601

As of the petition filing date, the claim is:*Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined**Is the claim subject to offset?**

- ☒ No
☐ Yes

Last 4 digits of account number**3.413 Nonpriority creditor's name and mailing address**

Independent Health Association
c/o LOWEY DANNENBERG PC, Attn: LAURA KILLIAN MUMMERT
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:*Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined**Is the claim subject to offset?**

- ☒ No
☐ Yes

Last 4 digits of account number**3.414 Nonpriority creditor's name and mailing address**

Independent Health Benefits Corporation
c/o LOWEY DANNENBERG PC, Attn: LAURA KILLIAN MUMMERT
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:*Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined**Is the claim subject to offset?**

- ☒ No
☐ Yes

Last 4 digits of account number**3.415 Nonpriority creditor's name and mailing address**

Indian Health Council, Inc.
c/o Hobbs, Straus, Dean & Walker, Attn: Adam Phillip Bailey
1903 21st Street
3rd Floor
SACRAMENTO, CA 95811

As of the petition filing date, the claim is:*Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined**Is the claim subject to offset?**

- ☒ No
☐ Yes

Last 4 digits of account number**3.416 Nonpriority creditor's name and mailing address**

Intergovernmental Personnel Benefit Cooperative
c/o Edelson - San Francisco, Attn: Rafey S. Balabanian
150 California Street 18th Floor
San Francisco, CA 94111

As of the petition filing date, the claim is:*Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined**Is the claim subject to offset?**

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.417	Nonpriority creditor's name and mailing address Intergovernmental Risk Management Agency, Illinois c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.418	Nonpriority creditor's name and mailing address International Union of Operating Engineers Local 30 Benefits Fund c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.419	Nonpriority creditor's name and mailing address International Union of Operating Engineers, Local 150, Illinois c/o Edelson, Attn: Ari Jonathan Scharg 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.420	Nonpriority creditor's name and mailing address Iron County c/o Weitz & Luxenberg - New York, Attn: Paul J. Pennock 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.421	Nonpriority creditor's name and mailing address JAMES PAPP First Floor, Minerva House, Simmons Court Road Ballsbridge, Dublin 4 Ireland	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification Claim	\$ Undetermined
	Date or dates debt was incurred 6/12/2020 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.422	Nonpriority creditor's name and mailing address Jamestown S'Klallam Tribe, Washington c/o Hobbs, Straus, Dean, & Walker - Portland, Attn: Geoffrey D. Strommer Ste. 200 215 SW Washington Street Portland, OR 97204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.423	Nonpriority creditor's name and mailing address JENNY O'CONNELL First Floor, Minerva House, Simmons Court Road Ballsbridge, Dublin 4 Ireland	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification Claim	\$	Undetermined
	Date or dates debt was incurred 11/13/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.424	Nonpriority creditor's name and mailing address JM Smith Corporation c/o KENNY NACHWALTER, P.A., Attn: WILLIAM J. BLECHMAN 1441 Brickell Avenue suite 1100 Miami, FL 33131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.425	Nonpriority creditor's name and mailing address Johns Hopkins Healthcare LLC c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.426	Nonpriority creditor's name and mailing address Jones County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

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Amount of claim

3.427	Nonpriority creditor's name and mailing address Keokuk County, Iowa c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.428	Nonpriority creditor's name and mailing address Keystone Family Health Plan c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.429	Nonpriority creditor's name and mailing address Keystone Health Plan East, Inc. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.430	Nonpriority creditor's name and mailing address Kodiak Area Native Association, Alaska c/o Hobbs, Straus, Dean, & Walker - Portland, Attn: Geoffrey D. Strommer Ste. 200 215 SW Washington Street Portland, OR 97204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.431	Nonpriority creditor's name and mailing address Lac La Ronge Indian Band c/o Napoli Shkolnik PLLC, Attn: Hunter J. Shkolnik 360 Lexington Avenue New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

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Amount of claim

3.432	Nonpriority creditor's name and mailing address LATHAM AND WATKINS 555 WEST FIFTH STREET STE 300 LOS ANGELES, CA 90013-1020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.433	Nonpriority creditor's name and mailing address LATHAM AND WATKINS LLP PO BOX 7247-8202 PHILADELPHIA, PA 19170-8202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ 7,245.00
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.434	Nonpriority creditor's name and mailing address Law Enforcement Health Benefits Inc. c/o Grant & Eisenhofer, P.A., Attn: Deborah A. Elman 485 Lexington Avenue 29th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.435	Nonpriority creditor's name and mailing address Lee Memorial Health System c/o Hartley Law, Attn: Timothy M. Hartley 12 Southeast Seventh Street, Ste. 610 Fort Lauderdale, FL 33301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.436	Nonpriority creditor's name and mailing address Lookout Mountain Community Service Board c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.437	Nonpriority creditor's name and mailing address Louisiana Health Service & Indemnity Company d/b/a BCBS of Louisiana and HMO Louisiana Inc c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.438	Nonpriority creditor's name and mailing address Lower Southampton, PA c/o Skikos Crawford Skikos & Joseph - San Francisco, Attn: Steven J. Skikos Ste. 2830 1 Sansome Street San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.439	Nonpriority creditor's name and mailing address Lupin Ltd c/o Garwin Gerstein & Fisher LLP, Attn: Daniel Litvin 88 Pine Street, 10th Floor New York, NY 10005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.440	Nonpriority creditor's name and mailing address Lupin Pharmaceuticals Inc c/o Garwin Gerstein & Fisher LLP, Attn: Daniel Litvin 88 Pine Street, 10th Floor New York, NY 10005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.441	Nonpriority creditor's name and mailing address Madison County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:**Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.442	Nonpriority creditor's name and mailing address Madison County, Virginia c/o Sanford Heisler, Attn: Grant Edward Morris 1666 Connecticut Avenue, NW Suite 300 Washington, DC 20009	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.443	Nonpriority creditor's name and mailing address MagnaCare Insurance c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.444	Nonpriority creditor's name and mailing address MARIE-THERESE BOLGER First Floor, Minerva House, Simonscourt Road Ballsbridge, Dublin 4 Ireland	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification Claim	\$ Undetermined
	Date or dates debt was incurred 11/13/2019 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.445	Nonpriority creditor's name and mailing address MARK G BARBERIO ADDRESS ON FILE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification Claim	\$ Undetermined
	Date or dates debt was incurred 2/19/2020 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.446	Nonpriority creditor's name and mailing address MARY CHRISTINE SMITH ADDRESS ON FILE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification Claim	\$ Undetermined
	Date or dates debt was incurred 7/29/2020 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.447 Nonpriority creditor's name and mailing address

Mason County
c/o Weitz & Luxenberg - New York, Attn: Ellen Relkin
5th Floor
700 Broadway
New York, NY 10003

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.448 Nonpriority creditor's name and mailing address

Massachusetts Bricklayers & Masons Trust Funds , on behalf of themselves
and all others similarly situated
c/o Thornton Law Firm LLP, Attn: Evan R. Hoffman
30th Floor
100 Summer Street
Boston, MA 02110

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.449 Nonpriority creditor's name and mailing address

Matthew Thornton Health Plan Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.450 Nonpriority creditor's name and mailing address

Meade County Fiscal Court all other similarly situated Kentucky counties on
behalf of Meade County
c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn
2525 Nelson Miller Parkway Ste. 107
Louisville, KY 40223

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.451 Nonpriority creditor's name and mailing address

MEBCO
c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis
360 Lexington Ave., 11th Floor
New York, NY 10017

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.452 Nonpriority creditor's name and mailing address

Medical Mutual Of Ohio
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.453 Nonpriority creditor's name and mailing address

Meijer Distribution, Inc.
c/o Hagens Berman Sobol Shapiro LLP, Attn: Thomas M. Sobol
55 Cambridge Parkway
Suite 301
Cambridge, MA 02142

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Antitrust Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.454 Nonpriority creditor's name and mailing address

Meijer, Inc.
c/o Hagens Berman Sobol Shapiro LLP, Attn: Thomas M. Sobol
55 Cambridge Parkway
Suite 301
Cambridge, MA 02142

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Antitrust Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.455 Nonpriority creditor's name and mailing address

Middle Flint Area Community Service Board d/b/a Middle Flint Behavioral Healthcare
c/o Pope McGlamry, Attn: Charles W. Byrd
1200 6th Avenue
Columbus, GA 31901

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.456 Nonpriority creditor's name and mailing address

Midwest Operating Engineers Health and Welfare Fund
c/o Edelson - San Francisco, Attn: Rafey S. Balabanian
150 California Street 18th Floor
San Francisco, CA 94111

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.457	Nonpriority creditor's name and mailing address Molina Healthcare Inc c/o SCHNEIDER WALLACE COTTRELL KONECKY WOTKYN LLP, Attn: Todd M. Schneider 2000 POWELL STREET SUITE 1400 EMERYVILLE, CA 94603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.458	Nonpriority creditor's name and mailing address Molina Healthcare Inc. c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.459	Nonpriority creditor's name and mailing address MONTAGUE, WILLIAM P. ADDRESS ON FILE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Indemnification Claim	\$ _____ Undetermined
	Date or dates debt was incurred 2/28/2014 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.460	Nonpriority creditor's name and mailing address Montgomery County, Maryland c/o Robbins Geller Rudman & Dowd LLP, Attn: Aelish Marie Baig Post Montgomery Center One Montgomery Street, Suite 1800 San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.461	Nonpriority creditor's name and mailing address MOODYS INVESTORS SERVICE INC 7 WTC AT 250 GREENWICH STREET NEW YORK, NY 10007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ _____ 150,574.68
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.462	Nonpriority creditor's name and mailing address Muscatine County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.463	Nonpriority creditor's name and mailing address MVP Health Plan, Inc. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.464	Nonpriority creditor's name and mailing address MVP Health Services Corp. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.465	Nonpriority creditor's name and mailing address Mylan Pharmaceuticals Inc c/o Wilson Sonsini Goodrich & Rosati, Attn: Jeffrey C. Bank 1700 K Street NW, Fifth Floor Washington, DC 20006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.466	Nonpriority creditor's name and mailing address NAME ON FILE_00126858 c/o Koskie Minsky LLP, Attn: Adam Tanel 20 Queen Street West, Suite 900 Box 52 Toronto, ON M5H 3R3 CANADA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.467	Nonpriority creditor's name and mailing address NAME ON FILE_00127180 c/o Greer Pipkin Russell Dent & Leathers, Attn: Jefferson Vaughan Hester P.O. Box 907 Tupelo, MS 38802	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.468	Nonpriority creditor's name and mailing address NAME ON FILE_00127184 c/o Power Solicitors Nessan House St Nessans Road, Dooradoyle Limerick, IRELAND	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Astora Mesh Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.469	Nonpriority creditor's name and mailing address NAME ON FILE_00127561 c/o Pitzer Snodgrass, Attn: Edward M. Tjaden Ste. 400 100 South Fourth Street St. Louis, MO 63102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.470	Nonpriority creditor's name and mailing address NAME ON FILE_00127625 c/o Pitzer Snodgrass, Attn: Edward M. Tjaden Ste. 400 100 South Fourth Street St. Louis, MO 63102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.471	Nonpriority creditor's name and mailing address NAME ON FILE_00128263 c/o LEVI & KORSINSKY LLP, Attn: EDUARD KORSINSKY 55 Broadway 10th Floor New York, NY 10006	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Securities Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.472	Nonpriority creditor's name and mailing address NAME ON FILE_00128372 c/o Onder Law, Llc, Attn: James G. Onder 110 E. Lockwood, 2nd Floor St. Louis, MO 63119	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.473	Nonpriority creditor's name and mailing address NAME ON FILE_00128762 c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.474	Nonpriority creditor's name and mailing address NAME ON FILE_00129496 c/o Koskie Minsky LLP, Attn: Adam Tanel 20 Queen Street West, Suite 900 Box 52 Toronto, ON M5H 3R3 CANADA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.475	Nonpriority creditor's name and mailing address NAME ON FILE_00129630 c/o Power Solicitors Nessan House St Nessans Road, Dooradoyle Limerick, IRELAND	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Astora Mesh Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.476	Nonpriority creditor's name and mailing address NAME ON FILE_00129926 c/o Levin, Fishbein, Sedran & Berman, Attn: Michael M. Weinkowitz 510 Walnut Street 5th Floor Philadelphia, PA 19106	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.477 Nonpriority creditor's name and mailing address

NAME ON FILE_00130182
c/o McLeod Law Group, LLC, Attn: Colin Ram
Post Office Box 21624
Post Office Box 21624
Charleston, SC 29413

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.478 Nonpriority creditor's name and mailing address

NAME ON FILE_00130525
c/o Pitzer Snodgrass, Attn: Edward M. Tjaden
Ste. 400
100 South Fourth Street
St. Louis, MO 63102

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.479 Nonpriority creditor's name and mailing address

NAME ON FILE_00131066
c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG
ONE SOUTH BROAD ST SUITE 2300
PHILADELPHIA, PA 19107

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.480 Nonpriority creditor's name and mailing address

NAME ON FILE_00131186
c/o Koskie Minsky LLP, Attn: Kirk M. Baert
20 Queen Street West, Suite 900
Box 52
Toronto, ON M5H 3R3
CANADA

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.481 Nonpriority creditor's name and mailing address

NAME ON FILE_00131407
c/o LEVI & KORSINSKY LLP, Attn: EDUARD KORSINSKY
55 Broadway
10th Floor
New York, NY 10006

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Securities Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.482	Nonpriority creditor's name and mailing address NAME ON FILE_00132771 c/o Van der Goen Advocaten, Attn: J.J. van der Goen Postbus 318, 3760 AH Soest, Vredenhofstraat 15 NETHERLANDS	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Astora Mesh Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.483	Nonpriority creditor's name and mailing address NAME ON FILE_00132980 c/o Daniell Upton & Perry, P.C, Attn: David A. Busby 30421 Highway 181 Daphne, AL 36527 Daphne, AL 36527	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.484	Nonpriority creditor's name and mailing address NAME ON FILE_00133251 c/o Freiwald Law PC, Attn: Glenn A Ellis 1500 Walnut Street 18th Floor Philadelphia, PA 19102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.485	Nonpriority creditor's name and mailing address NAME ON FILE_00133321 c/o Goldman Ismail Tomaselli Brennan & Baum LLP, Attn: Alan Littman 200 South Wacker Drive, 22nd Floor Chicago, IL 60606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Other Tort Claim	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.486	Nonpriority creditor's name and mailing address NAME ON FILE_00133452 c/o CARELLA, BYRNE, CECCHI, OLSTEIN, BRODY & AGNELLO, P.C., Attn: DONALD A. ECKLUND 5 BECKER FARM ROAD ROSELAND, NJ 07068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Securities Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.487 Nonpriority creditor's name and mailing address

NAME ON FILE_00133514
c/o Martin Baughman PLLC, Attn: Laura Jean Baughman
3141 Hood Street
Suite 600
Dallas, TX 75219

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Astora Mesh Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.488 Nonpriority creditor's name and mailing address

NAME ON FILE_00133833
c/o Pomerantz LLP, Attn: Jeremy A. Lieberman
600 Third Avenue
20th Floor
New York, NY 10016

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Securities Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.489 Nonpriority creditor's name and mailing address

NAME ON FILE_00134105
c/o LEVI & KORSINSKY LLP, Attn: EDUARD KORSINSKY
55 Broadway
10th Floor
New York, NY 10006

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Securities Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.490 Nonpriority creditor's name and mailing address

NAME ON FILE_00134329
c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG
ONE SOUTH BROAD ST SUITE 2300
PHILADELPHIA, PA 19107

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.491 Nonpriority creditor's name and mailing address

NAME ON FILE_00134372
c/o Simoes Law Group, Attn: Kimberly Anne Simoes
117 N. Broadway Street
Tupelo, MS 38804

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.492 Nonpriority creditor's name and mailing address

NAME ON FILE_00134496
c/o Pomerantz LLP, Attn: Gustavo Fabian Bruckner
600 Third Avenue
20th Floor
New York, NY 10016

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Securities Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.493 Nonpriority creditor's name and mailing address

NAME ON FILE_00141416
c/o Apex Trial Law, Attn: Ryan M. Ferrell; Thomas W. Kohler
4934 South Hemet Street
Gilbert, AZ 85298

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Potential Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.494 Nonpriority creditor's name and mailing address

NAME ON FILE_00141442
c/o James Hawkins, P.C., Attn: James Hawkins and christina Lucio
9880 Research Drive
Suite 200
Irvine, CA 92618

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Employment Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.495 Nonpriority creditor's name and mailing address

NAME ON FILE_00158316
c/o Goldman Ismail Tomaselli Brennan & Baum LLP
Alan Littmann; Whitney Woodward; Sarah Kinter
200 South Wacker Drive, 22nd Floor
Chicago, IL 60606

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Product Liability Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.496 Nonpriority creditor's name and mailing address

NAME ON FILE_00158316
c/o Goldman Ismail Tomaselli Brennan & Baum LLP
Alan Littmann; Whitney Woodward; Sarah Kinter
200 South Wacker Drive, 22nd Floor
Chicago, IL 60606

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Product Liability Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.497	Nonpriority creditor's name and mailing address NAME ON FILE_00158325 c/o Outten & Golden LLP, Attn: Cara E. Greene 685 3rd Ave 25th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Employment Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.498	Nonpriority creditor's name and mailing address National Roofers Union & Employers Joint Health & Welfare Fund, Individually and on Behalf of all Others Similarly Situated, Minnesota c/o Robbins Geller Rudman & Dowd LLP, Attn: Carissa J. Dolan 655 West Broadway Suite 1900 SAN DIEGO, CA 92101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.499	Nonpriority creditor's name and mailing address New Horizons Community Service Board c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.500	Nonpriority creditor's name and mailing address New York Department of Financial Services One State Street New York, NY 10004	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.501	Nonpriority creditor's name and mailing address New York State Teamsters Council Health and Hospital Fund c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.502 Nonpriority creditor's name and mailing address

North Carolina State Health Plan for Teachers and State Employees
c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip
44 SOUTH BROADWAY
SUITE 1100
WHITE PLAINS, NY 10601

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.503 Nonpriority creditor's name and mailing address

North Sunflower Medical Center
c/o CUNEO GILBERT & LADUCA LLP, Attn: JONATHAN W. CUNEO
4725 WISCONSIN AVENUE NW
SUITE 200
WASHINGTON, DC 20016

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.504 Nonpriority creditor's name and mailing address

Norton Sound Health Corporation, Alaska
c/o Hobbs, Straus, Dean, & Walker - Portland, Attn: Geoffrey D. Strommer
Ste. 200
215 SW Washington Street
Portland, OR 97204

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.505 Nonpriority creditor's name and mailing address

Ohio County Fiscal Court all other similarly situated Kentucky counties on
behalf of Ohio County
c/o Grabhorn Law Office, Attn: Andrew M. Grabhorn
2525 Nelson Miller Parkway Ste. 107
Louisville, KY 40223

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.506 Nonpriority creditor's name and mailing address

Optimum Healthcare Inc
c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA
ONE TOWER BRIDGE
100 FRONT STREET, SUITE 520
WEST CONSHOHOCKEN, PA 19428

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.507	Nonpriority creditor's name and mailing address Optum RX Inc c/o Dorsey & Whitney LLP, Attn: Jonathan Richard Montcalm 51 West 52nd Street New York, NY 10019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.508	Nonpriority creditor's name and mailing address Orland Fire Protection District c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.509	Nonpriority creditor's name and mailing address Osceola County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.510	Nonpriority creditor's name and mailing address Pala Band of Mission Indians, California c/o Hobbs, Straus, Dean & Walker, Attn: Adam Phillip Bailey 1903 21st Street 3rd Floor SACRAMENTO, CA 95811	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.511	Nonpriority creditor's name and mailing address PALADIN LABS INC. 100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Intercompany Payable	\$ 52,410.28
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.512	Nonpriority creditor's name and mailing address PAR LABORATORIES EUROPE, LTD. 40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Intercompany Payable	\$ 3,026.17
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.513	Nonpriority creditor's name and mailing address PAR PHARMACEUTICAL, INC. 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Intercompany Payable	\$ 3,377.49
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.514	Nonpriority creditor's name and mailing address Passaic County, New Jersey c/o Carella, Byrne, Cecchi, Olstein, Brody & Agnello, Attn: James E. Cecchi 5 Becker Farm Road Roseland, NJ 07068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.515	Nonpriority creditor's name and mailing address Passamaquoddy Tribe-Indian Township, Maine c/o Weitz & Luxenberg - New York, Attn: Ellen Relkin 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.516	Nonpriority creditor's name and mailing address Passamaquoddy Tribe-Pleasant Point, Maine c/o Weitz & Luxenberg - New York, Attn: Ellen Relkin 5th Floor 700 Broadway New York, NY 10003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.517	Nonpriority creditor's name and mailing address People of the State of California, by and through Fullerton and Westminster City Attorney Richard D. Jones c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.518	Nonpriority creditor's name and mailing address People of the State of California, by and through Mara W. Elliott, City Attorney of San Diego c/o San Diego City Attorney, Attn: Mark D. Ankcom 1200 Third Avenue, Suite 1100 SAN DIEGO, CA 92101 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.519	Nonpriority creditor's name and mailing address Peter Ballantyne Cree Nation c/o Napoli Shkolnik PLLC, Attn: Hunter J. Shkolnik 360 Lexington Avenue New York, NY 10017 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.520	Nonpriority creditor's name and mailing address Philadelphia Federation of Teachers Health and Welfare Fund c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.521	Nonpriority creditor's name and mailing address Pine County, Minnesota c/o Hoff Barry, P.A., Attn: Jared D. Shepherd 775 Prairie Center Drive Suite 160 Eden Prairie, MN 55344 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.522	Nonpriority creditor's name and mailing address Pineland Behavioral Health and Developmental Disabilities CSB c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.523	Nonpriority creditor's name and mailing address Pipe Fitters Local Union No. 120 Insurance Fund, Ohio c/o Robbins Geller Rudman & Dowd LLP, Attn: Aelish Marie Baig Post Montgomery Center One Montgomery Street, Suite 1800 San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.524	Nonpriority creditor's name and mailing address Pocahontas County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.525	Nonpriority creditor's name and mailing address Port Gamble Sklallam Tribe, Washington c/o Hobbs, Straus, Dean, & Walker - Portland, Attn: Geoffrey D. Strommer Ste. 200 215 SW Washington Street Portland, OR 97204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.526	Nonpriority creditor's name and mailing address Poweshiek County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.527	Nonpriority creditor's name and mailing address Prairie Band Potawatomi Nation c/o Skikos Crawford Skikos & Joseph - San Francisco, Attn: Steven J. Skikos Ste. 2830 1 Sansome Street San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.528	Nonpriority creditor's name and mailing address Premera Blue Cross c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.529	Nonpriority creditor's name and mailing address Priority Health c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.530	Nonpriority creditor's name and mailing address Public Service Insurance Company c/o Cohen, Placitella & Roth, Attn: Stewart L. Cohen Two Commerce Square 2001 Market Street, Ste. 2900 Philadelphia, PA 19103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.531	Nonpriority creditor's name and mailing address Putnam County School Board, Individually, and on Behalf of All Others Similarly Situated c/o Gertz & Rosen, Attn: Peter G. Tsarnas 11 South Forge Street Akron, OH 44304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.532 Nonpriority creditor's name and mailing address

QCC Insurance Company
c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip
44 SOUTH BROADWAY
SUITE 1100
WHITE PLAINS, NY 10601

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.533 Nonpriority creditor's name and mailing address

REED SMITH LLP
1717 ARCH ST SUITE 3100
PHILADELPHIA, PA 19103

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: Trade Payable

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.534 Nonpriority creditor's name and mailing address

Reliable Pharmacy
c/o CUNEO GILBERT & LADUCA LLP, Attn: JONATHAN W. CUNEO
4725 WISCONSIN AVENUE NW
SUITE 200
WASHINGTON, DC 20016

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Generic Pricing Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.535 Nonpriority creditor's name and mailing address

Rite Aid Corporation
c/o Hangley Aronchick Segal Pudlin & Schiller, Attn: Barry L Refsin
One Logan Square
27th Floor
Philadelphia, PA 19103

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Antitrust Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

3.536 Nonpriority creditor's name and mailing address

Rite Aid Corporation
c/o Hangley Aronchick Segal Pudlin & Schiller, Attn: Eric L Bloom
2805 Old Post Road
Suite 100
Harrisburg, PA 17110

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Antitrust Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.537	Nonpriority creditor's name and mailing address RITE AID CORPORATION c/o HANGLEY ARONCHICK SEGAL PUDLIN & SCHILLER, Attn: ERIC L. BLOOM 2805 OLD POST ROAD, SUITE 100 HARRISBURG, PA 17110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.538	Nonpriority creditor's name and mailing address Rite Aid Hdqtrs Corp c/o HANGLEY ARONCHICK SEGAL PUDLIN & SCHILLER, Attn: ERIC L. BLOOM 2805 OLD POST ROAD, SUITE 100 HARRISBURG, PA 17110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.539	Nonpriority creditor's name and mailing address Rite Aid Hdqtrs. Corp., c/o Hangley Aronchick Segal Pudlin & Schiller, Attn: Barry L Refsin One Logan Square 27th Floor Philadelphia, PA 19103	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.540	Nonpriority creditor's name and mailing address Rite Aid Hdqtrs. Corp., c/o Hangley Aronchick Segal Pudlin & Schiller, Attn: Eric L Bloom 2805 Old Post Road Suite 100 Harrisburg, PA 17110	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.541	Nonpriority creditor's name and mailing address River Edge Behavioral Health c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.542	Nonpriority creditor's name and mailing address Rochester Drug Co-Operative, Inc. c/o Faruqi & Faruqi, LLP, Attn: Peter R. Kohn 101 Greenwood Ave Suite 600 Jenkintown, PA 19046	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.543	Nonpriority creditor's name and mailing address Rochester Drug Co-Operative, Inc. onbehalf of itself and all others similarly situated c/o Berger Montague PC, Attn: Andrew C. Curley 1818 Market Street Suite 3600 Philadelphia, PA 19103-6365	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.544	Nonpriority creditor's name and mailing address Rocky Mountain Hospital And Medical Service Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.545	Nonpriority creditor's name and mailing address Russell's Mr Discount Drugs Inc c/o CUNEO GILBERT & LADUCA LLP, Attn: JONATHAN W. CUNEO 4725 WISCONSIN AVENUE NW SUITE 200 WASHINGTON, DC 20016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.546	Nonpriority creditor's name and mailing address Sac and Fox Nation of Missouri in Kansas and Nebraska c/o Skikos Crawford Skikos & Joseph - San Francisco, Attn: Steven J. Skikos Ste. 2830 1 Sansome Street San Francisco, CA 94104	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.547	Nonpriority creditor's name and mailing address San Leandro Unified School District, a local education agency c/o Frantz Law, Attn: Jade S. Koller Ste. 860 402 West Broadway San Diego, CA 92101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.548	Nonpriority creditor's name and mailing address San Mateo County c/o Cotchett Pitre & McCarthy, Attn: Joseph W. Cotchett 840 Malcolm Road Burlingame, CA 94010	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.549	Nonpriority creditor's name and mailing address Sarasota County Public Hospital District, d/b/a Memorial Healthcare System, Inc. c/o Bentley & Bruning, PA, Attn: Morgan R. Bentley 783 S Orange Ave Ste 300 SARASOTA, FL 34236	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.550	Nonpriority creditor's name and mailing address Satilla Community Services d/b/a Unison Behavioral Health c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.551	Nonpriority creditor's name and mailing address SAY TECHNOLOGIES LLC ROBINHOOD MARKETS INC 85 WILLOW ROAD MENLO PARK, CA 94025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ 4,642.59
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.552	Nonpriority creditor's name and mailing address Security Health Plan of Wisconsin, Inc. c/o Aries Equity, Attn: Timothy S. Mentkowski 4230 North Oakland Avenue Ste. 197 Shorewood, WI 53211	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.553	Nonpriority creditor's name and mailing address Self-Insured Schools of California c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.554	Nonpriority creditor's name and mailing address Self-Insured Schools of California c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.555	Nonpriority creditor's name and mailing address Sergeants Benevolent Association of the Police Department of the City of New York Health and Welfare Fund c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.556	Nonpriority creditor's name and mailing address SHARDUL AMARCHAND MANGALDAS AND CO AMARCHAND TOWERS 216 OKHLA INDUSTRIAL EST PHASE III NEW DELHI, 110020 INDIA	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$ 31,362.50
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.557	Nonpriority creditor's name and mailing address Simply Healthcare Plans Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.558	Nonpriority creditor's name and mailing address Southeast Alaska Regional Health Consortium, Alaska c/o Hobbs, Straus, Dean, & Walker - Portland, Attn: Geoffrey D. Strommer Ste. 200 215 SW Washington Street Portland, OR 97204	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.559	Nonpriority creditor's name and mailing address Southwestern Central School District c/o Gertz & Rosen, Attn: Peter G. Tsarnas 11 South Forge Street Akron, OH 44304	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.560	Nonpriority creditor's name and mailing address STATE OF ALABAMA ATTN: CLAY CRENSHAW, CHIEF DUPTY ATTORNEY GENERAL OFFICE OF THE ATTORNEY GENERAL 501 WASHINGTON AVE. P.O. BOX 300152 MONTGOMERY, AL 36130	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Opioid Settlement Payment Guaranty	\$	Undetermined
	Date or dates debt was incurred 10/29/2021	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.561	Nonpriority creditor's name and mailing address State of Georgia c/o 40 Capitol Square SW, Attn: Office of the GA Attorney General Atlanta, GA 30334	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

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Amount of claim

3.562	Nonpriority creditor's name and mailing address State of Idaho, through Attorney General Lawrence G. Wasden c/o Miller, Barnhill & Galland, Attn: Benjamin J. Blustein 14 West Erie Street Chicago, IL 60654 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.563	Nonpriority creditor's name and mailing address STATE OF WEST VIRGINIA ATTN: VAUGHN T. SIZEMORE, DEPUTY ATTORNEY GENERAL OFFICE OF THE ATTORNEY GENERAL P.O. BOX 1789 CHARLESTON, WV 25326 Date or dates debt was incurred 3/30/2022 Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Opioid Settlement Payment Guaranty Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.564	Nonpriority creditor's name and mailing address Steamfitters Local 449 Medical & Benefit Fund c/o Fitz & Bianculilli LLC, Attn: Brian E Frtiz 1515 Market Street Suite 1801 Philadelphia, PA 19102 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.565	Nonpriority creditor's name and mailing address Superintendent of Financial Services of the State of New York c/o RIKER, DANZIG, SCHERER, HYLAND& PERRETTI LLP, Attn: Brian E. O'Donnell 500 Fifth Avenue New York City, NY 10110 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.566	Nonpriority creditor's name and mailing address Suquamish Tribe c/o Hobbs, Straus, Dean, & Walker - Portland, Attn: Geoffrey D. Strommer Ste. 200 215 SW Washington Street Portland, OR 97204 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined

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Amount of claim

3.567	Nonpriority creditor's name and mailing address Sussex County, New Jersey c/o Carella, Byrne, Cecchi, Olstein, Brody & Agnello, Attn: James E. Cecchi 5 Becker Farm Road Roseland, NJ 07068	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.568	Nonpriority creditor's name and mailing address Talbot County, Maryland c/o Themis PLLC, Attn: John P Pierce 2305 Calvert St NW WASHINGTON, DC 20008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.569	Nonpriority creditor's name and mailing address Teamsters Local 237 Retirees Benefit Fund c/o Wolf, Haldenstein, Adler, Freeman & Herz - New York, Attn: Benjamin Y. Kaufman 270 Madison Avenue New York, NY 10016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.570	Nonpriority creditor's name and mailing address Teamsters Local 237 Welfare Fund c/o Wolf, Haldenstein, Adler, Freeman & Herz - New York, Attn: Benjamin Y. Kaufman 270 Madison Avenue New York, NY 10016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.571	Nonpriority creditor's name and mailing address The Board of Education of the City of Chicago, School District No. 299 c/o Hughes Socol Piers Resnick & Dym, Attn: Emily R. Brown Ste. 4000 70 West Madison Chicago, IL 60602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.572	Nonpriority creditor's name and mailing address The Cherokee Nation, Oklahoma c/o Curtis N. Bruehl 14005 North Eastern Avenue Edmond, OK 73013	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.573	Nonpriority creditor's name and mailing address The City of Providence, Rhode Island c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.574	Nonpriority creditor's name and mailing address The Corporation of the City of Brantford c/o Napoli Shkolnik PPLC, Attn: Hunter J. Shkolnik 360 Lexington Avenue New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.575	Nonpriority creditor's name and mailing address The Klamath Tribes c/o Weitz & Luxenberg - New Jersey, Attn: John M. Broaddus Ste. 210 220 Lake Drive East CHERRY HILL, NJ 08002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.576	Nonpriority creditor's name and mailing address The Kroger Co. c/o Kenny Nachwalter P.A., Attn: Scott Eliot Perwin 1100 Miami Center 201 South Biscayne Boulevard Miami, FL 33131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.577	Nonpriority creditor's name and mailing address The Kroger Co. c/o Kenny Nachwalter P.A., Attn: Anna Theresa Neill Four Seasons Tower 1441 Brickell Avenue, Suite 1100 Miami, FL 33131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.578	Nonpriority creditor's name and mailing address The Mayor and Common Council of Westminster, Maryland c/o Themis PLLC, Attn: John P Pierce 2305 Calvert St NW WASHINGTON, DC 20008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.579	Nonpriority creditor's name and mailing address The Mayor and Council of Rockville, Maryland c/o Themis PLLC, Attn: John P Pierce 2305 Calvert St NW WASHINGTON, DC 20008	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.580	Nonpriority creditor's name and mailing address The People of the State of California by and through Dublin City Attorney John Bakker and Murrieta City Attorney Leslie Devaney c/o Robins Kaplan - Minneapolis, Attn: Holly H. Dolejsi 2800 LaSalle Plaza 800 LaSalle Avenue Minneapolis, MN 55402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.581	Nonpriority creditor's name and mailing address The People of the State of California c/o Robins Kaplan, Attn: Bernice Conn Ste. 3700 2049 Century Plaza East Los Angeles, CA 90067-3283	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

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Amount of claim

3.582	Nonpriority creditor's name and mailing address The People of the State of California, c/o Robbins Geller Rudman Dowd LLP, Attn: X. Jay Alvarez 655 West Broadway Suite 1900 SAN DIEGO, CA 92101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.583	Nonpriority creditor's name and mailing address The People of the State of California, acting by and through the City of Sacramento City Attorney Susana Alcala Wood c/o Susman Godfrey, Attn: Steven G. Sklaver Suite 950 1901 Avenue of the Stars Los Angeles, CA 90067-6029	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.584	Nonpriority creditor's name and mailing address The Town of Amherst c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.585	Nonpriority creditor's name and mailing address Triple-S Salud, Inc. c/o LOWEY DANNENBERG, P.C., Attn: Peter D. St. Phillip 44 SOUTH BROADWAY SUITE 1100 WHITE PLAINS, NY 10601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.586	Nonpriority creditor's name and mailing address Tufts Assocd Hmo Inc & Affls Tufts Hlth Pub Pl Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.587	Nonpriority creditor's name and mailing address Turlock Irrigation District c/o Grant & Eisenhofer, P.A., Attn: Robert Gerard Eisler 123 Justison Street Wilmington, DE 19801	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.588	Nonpriority creditor's name and mailing address Twin Falls County c/o Mooney Wieland, Attn: Carl J. Withroe Ste. 500 802 W. Bannock Street Boise, ID 83702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.589	Nonpriority creditor's name and mailing address U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION ATTENTION: JUSTIN L. SHEARER, VICE PRESIDENT 100 WALL STREET SUITE 600 NEW YORK, NY 10005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Guarantor to 5.375% Senior Notes due 2023	\$ 6,155,358.65
	Date or dates debt was incurred 06/30/2014 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.590	Nonpriority creditor's name and mailing address U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION ATTENTION: JUSTIN L. SHEARER, VICE PRESIDENT 100 WALL STREET SUITE 600 NEW YORK, NY 10005	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Guarantor to 6.000% Senior Notes due 2028	\$ 1,270,079,189.33
	Date or dates debt was incurred 06/16/2020 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.591	Nonpriority creditor's name and mailing address UFCW Local 1500 Welfare Fund c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

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Amount of claim

3.592	Nonpriority creditor's name and mailing address UFCW Local 1500 Welfare Fund c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.593	Nonpriority creditor's name and mailing address UFCW Local 1500 Welfare Fund c/o Morgan & Morgan, P.C., Attn: Domenico George Minerva 5 Penn Plaza Suite 2315 New York, NY 10001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.594	Nonpriority creditor's name and mailing address UMB BANK, NATIONAL ASSOCIATION ATTENTION: JULIE J. BECKER, SENIOR VICE PRESIDENT 120 SIXTH STREET SOUTH SUITE 1400 MINNEAPOLIS, MN 55402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Guarantor to 6.000% Senior Notes due 2025	\$ 22,338,015.64
	Date or dates debt was incurred 01/27/2015 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.595	Nonpriority creditor's name and mailing address UMB BANK, NATIONAL ASSOCIATION ATTENTION: JULIE J. BECKER, SENIOR VICE PRESIDENT 120 SIXTH STREET SOUTH SUITE 1400 MINNEAPOLIS, MN 55402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Guarantor to 6.000% Senior Notes due 2023	\$ 56,727,586.00
	Date or dates debt was incurred 07/09/2015 Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.596	Nonpriority creditor's name and mailing address Unicare Health Plan Of West Virginia Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.597	Nonpriority creditor's name and mailing address Unicare Life & Health Insurance Company c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.598	Nonpriority creditor's name and mailing address Unite Here Health c/o FINE, KAPLAN AND BLACK, Attn: ROBERTA D. LIEBENBERG ONE SOUTH BROAD ST SUITE 2300 PHILADELPHIA, PA 19107 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.599	Nonpriority creditor's name and mailing address United Healthcare Services Inc c/o BOIES SCHILLER & FLEXNER LLP, Attn: HAMISH P.M. HUME 1401 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.600	Nonpriority creditor's name and mailing address United Healthcare Services Inc c/o ZELLE LLP, Attn: RORY D. ZAMANSKY 500 WASHINGTON AVE S SUITE 4000 MINNEAPOLIS, MN 55415 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.601	Nonpriority creditor's name and mailing address United HealthCare Services, Inc. c/o Girard Sharp LLP, Attn: Dena C. Sharp 601 California Street, Suite 1400 San Francisco, CA 94108 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined

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Amount of claim

3.602	Nonpriority creditor's name and mailing address United States of America Attorney General Attention Bankruptcy Dept US Dept of Justice 950 Pennsylvania Ave NW Albany, NY 12224-0341	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.603	Nonpriority creditor's name and mailing address US Attorney's Office, Western District of Virginia 255 W Main St Charlottesville, VA 22902	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.604	Nonpriority creditor's name and mailing address Usable Mutual Insurance Co, d/b/a Arkansas BCBS c/o LOWEY DANNENBERG PC, Attn: LAURA KILLIAN MUMMERT ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.605	Nonpriority creditor's name and mailing address Ventura County Medi-Cal Managed Care Commission c/o Krinzman, Huss, Lubetsky, Feldman & Hotte, Attn: Richard L. Allen Alfred I. duPont Building 169 East Flagler Street, Ste. 500 Miami, FL 33131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.606	Nonpriority creditor's name and mailing address View Point Health c/o Pope McGlamry, Attn: Charles W. Byrd 1200 6th Avenue Columbus, GA 31901	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.607	Nonpriority creditor's name and mailing address Village of Addison c/o Edelson, Attn: Ari Jonathan Scharg 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.608	Nonpriority creditor's name and mailing address Village of Bellwood c/o Edelson, Attn: Alfred Kirkland Murray, II 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.609	Nonpriority creditor's name and mailing address Village of Bensenville c/o Edelson, Attn: Ari Jonathan Scharg 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.610	Nonpriority creditor's name and mailing address Village of Berkeley c/o Edelson, Attn: Alfred Kirkland Murray, II 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.611	Nonpriority creditor's name and mailing address Village of Bolingbrook c/o Edelson, Attn: Ari Jonathan Scharg 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.612 Nonpriority creditor's name and mailing address

Village of Broadview
c/o Edelson, Attn: Benjamin H. Richman
350 North LaSalle Street 14th Floor
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.613 Nonpriority creditor's name and mailing address

Village Of Chicago Ridge
c/o Edelson, Attn: Benjamin H. Richman
350 North LaSalle Street 14th Floor
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.614 Nonpriority creditor's name and mailing address

Village of Dolton
c/o Edelson, Attn: Benjamin H. Richman
350 North LaSalle Street 14th Floor
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.615 Nonpriority creditor's name and mailing address

Village of Forest Park
c/o Edelson, Attn: Ari Jonathan Scharg
14th Floor
350 North LaSalle Street
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.616 Nonpriority creditor's name and mailing address

Village of Franklin Park
c/o Edelson, Attn: Ari Jonathan Scharg
14th Floor
350 North LaSalle Street
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

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Amount of claim

3.617	Nonpriority creditor's name and mailing address Village of Harwood Heights c/o Edelson, Attn: Ari Jonathan Scharg 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.618	Nonpriority creditor's name and mailing address Village of Hillside c/o Edelson, Attn: Alfred Kirkland Murray, II 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.619	Nonpriority creditor's name and mailing address Village Of Hoffman Estates c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.620	Nonpriority creditor's name and mailing address Village of La Grange Park c/o Edelson, Attn: Ari Jonathan Scharg 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.621	Nonpriority creditor's name and mailing address Village of Lexington c/o Leslie O. Murray 316 E. Water Street Sandusky, OH 44870	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.622	Nonpriority creditor's name and mailing address Village Of Maywood c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.623	Nonpriority creditor's name and mailing address Village of McCook c/o Edelson, Attn: Ari Jonathan Scharg 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.624	Nonpriority creditor's name and mailing address Village of Melrose Park c/o Edelson, Attn: Alfred Kirkland Murray, II 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.625	Nonpriority creditor's name and mailing address Village of Merrionette Park c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.626	Nonpriority creditor's name and mailing address Village of North Riverside c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.627	Nonpriority creditor's name and mailing address Village of Oak Lawn c/o Edelson, Attn: Alfred Kirkland Murray, II 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.628	Nonpriority creditor's name and mailing address Village of Oak Park c/o Edelson, Attn: Ari Jonathan Scharg 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.629	Nonpriority creditor's name and mailing address Village of Orland Park c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.630	Nonpriority creditor's name and mailing address Village of Posen c/o Edelson, Attn: Benjamin H. Richman 350 North LaSalle Street 14th Floor Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.631	Nonpriority creditor's name and mailing address Village of River Forest c/o Edelson, Attn: Alfred Kirkland Murray, II 14th Floor 350 North LaSalle Street Chicago, IL 60654	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ _____ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.632 Nonpriority creditor's name and mailing address

Village Of River Grove
c/o Edelson, Attn: Benjamin H. Richman
350 North LaSalle Street 14th Floor
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.633 Nonpriority creditor's name and mailing address

Village of Riverside
c/o Edelson, Attn: Ari Jonathan Scharg
14th Floor
350 North LaSalle Street
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.634 Nonpriority creditor's name and mailing address

Village of Schiller Park
c/o Edelson, Attn: Ari Jonathan Scharg
14th Floor
350 North LaSalle Street
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.635 Nonpriority creditor's name and mailing address

Village of Stone Park
c/o Edelson, Attn: Benjamin H. Richman
350 North LaSalle Street 14th Floor
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

3.636 Nonpriority creditor's name and mailing address

Village of Tinley Park
c/o Edelson, Attn: Alfred Kirkland Murray, II
14th Floor
350 North LaSalle Street
Chicago, IL 60654

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Opioid Litigation

\$ Undetermined

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.637	Nonpriority creditor's name and mailing address Walgreen Co. c/o Kenny Nachwalter P.A., Attn: Scott Eliot Perwin 1100 Miami Center 201 South Biscayne Boulevard Miami, FL 33131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.638	Nonpriority creditor's name and mailing address Walgreen Co. c/o Kenny Nachwalter P.A., Attn: Scott E Perwin Four Seasons Tower 1441 Brickell Avenue, Suite 1100 Miami, FL 33131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Antitrust Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.639	Nonpriority creditor's name and mailing address WASTE MANAGEMENT INC OF TENNESSEE	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Payable	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.640	Nonpriority creditor's name and mailing address WCA Group Health Trust c/o Napoli Shkolnik PLLC, Attn: Alastair J.M. Findeis 360 Lexington Ave., 11th Floor New York, NY 10017	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			
3.641	Nonpriority creditor's name and mailing address Webster County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$	Undetermined
	Date or dates debt was incurred Undetermined	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number			

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.642	Nonpriority creditor's name and mailing address Wellcare Health Plans Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.643	Nonpriority creditor's name and mailing address Wellmark Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.644	Nonpriority creditor's name and mailing address Wellmark Of South Dakota Inc c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.645	Nonpriority creditor's name and mailing address Winn-Dixie Stores Inc c/o AHERN & ASSOCIATES PC, Attn: THEODORE B. BELL 8 SOUTH MICHIGAN AVE SUITE 3600 CHICAGO, IL 60603	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.646	Nonpriority creditor's name and mailing address Winnebago County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2:

Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.647	Nonpriority creditor's name and mailing address Wisconsin Collaborative Insurance Company c/o LOWEY DANNENBERG PC, Attn: ANTHONY M. CHRISTINA ONE TOWER BRIDGE 100 FRONT STREET, SUITE 520 WEST CONSHOHOCKEN, PA 19428	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Generic Pricing Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.648	Nonpriority creditor's name and mailing address Wright County c/o Crawford & Mauro, Attn: Nicholas J. Mauro 1701 Ruan Center 666 Grand Avenue Des Moines, IA 50309	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.649	Nonpriority creditor's name and mailing address Yellow Medicine County, Minnesota c/o Hoff Barry, P.A., Attn: Jared D. Shepherd 775 Prairie Center Drive Suite 160 Eden Prairie, MN 55344	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Opioid Litigation	\$ Undetermined
	Date or dates debt was incurred Undetermined Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.650	Nonpriority creditor's name and mailing address 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.651	Nonpriority creditor's name and mailing address 	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$
	Date or dates debt was incurred Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION C/O: ROBERT J. GAYDA SEWARD & KISSEL LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Line 3.578 <input type="checkbox"/> Not listed. Explain	
4.2 U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION C/O: ANDREW J. MATOTT SEWARD & KISSEL LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Line 3.577 <input type="checkbox"/> Not listed. Explain	
4.3 U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION C/O: JOHN R. ASHMEAD SEWARD & KISSEL LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Line 3.578 <input type="checkbox"/> Not listed. Explain	
4.4 U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION C/O: KALYAN DAS SEWARD & KISSEL LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Line 3.578 <input type="checkbox"/> Not listed. Explain	
4.5 U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION C/O: ANDREW J. MATOTT SEWARD & KISSEL LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Line 3.578 <input type="checkbox"/> Not listed. Explain	
4.6 U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION C/O: JOHN R. ASHMEAD SEWARD & KISSEL LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Line 3.577 <input type="checkbox"/> Not listed. Explain	
4.7 U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION C/O: ROBERT J. GAYDA SEWARD & KISSEL LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Line 3.577 <input type="checkbox"/> Not listed. Explain	
4.8 U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION C/O: KALYAN DAS SEWARD & KISSEL LLP ONE BATTERY PARK PLAZA NEW YORK, NY 10004	Line 3.577 <input type="checkbox"/> Not listed. Explain	
4.9 UMB BANK, NATIONAL ASSOCIATION C/O: ERIC R. WILSON KELLEY DRYE & WARREN LLP 3 WORLD TRADE CENTER NEW YORK, NY 10007	Line 3.583 <input type="checkbox"/> Not listed. Explain	

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.10	UMB BANK, NATIONAL ASSOCIATION ATTENTION: GAVIN WILKINSON, SENIOR VICE PRESIDENT, CORPORATE TRUST 120 SIXTH STREET SOUTH SUITE 1400 MINNEAPOLIS, MN 55402	Line 3.583 <input type="checkbox"/> Not listed. Explain	
4.11	UMB BANK, NATIONAL ASSOCIATION C/O: KRISTIN S. ELLIOTT KELLEY DRYE & WARREN LLP 3 WORLD TRADE CENTER NEW YORK, NY 10007	Line 3.582 <input type="checkbox"/> Not listed. Explain	
4.12	UMB BANK, NATIONAL ASSOCIATION C/O: KRISTIN S. ELLIOTT KELLEY DRYE & WARREN LLP 3 WORLD TRADE CENTER NEW YORK, NY 10007	Line 3.583 <input type="checkbox"/> Not listed. Explain	
4.13	UMB BANK, NATIONAL ASSOCIATION C/O: ERIC R. WILSON KELLEY DRYE & WARREN LLP 3 WORLD TRADE CENTER NEW YORK, NY 10007	Line 3.582 <input type="checkbox"/> Not listed. Explain	
4.14	UMB BANK, NATIONAL ASSOCIATION ATTENTION: GAVIN WILKINSON, SENIOR VICE PRESIDENT, CORPORATE TRUST 120 SIXTH STREET SOUTH SUITE 1400 MINNEAPOLIS, MN 55402	Line 3.582 <input type="checkbox"/> Not listed. Explain	

Debtor

Endo International plc
Name

Case number (If known) 22-22549 (JLG)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	5a.	\$	0.00
		+ Undetermined Amounts	
5b. Total claims from Part 2	5b.	+	\$ 1,737,538,040.68
		+ Undetermined Amounts	
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	1,737,538,040.68
		+ Undetermined Amounts	

Fill in this information to identify the case:Debtor name Endo International plcUnited States Bankruptcy Court for the: Southern District of New YorkCase number (If known): 22-22549 (JLG)☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

2. List all contracts and unexpired leases**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1

State what the contract or lease is for and the nature of the debtor's interest

TERMINATION AGREEMENT
INTERCOMPANY AGREEMENT
DATED: 1/9/201770 Maple Avenue, LLC
1400 ATWATER DRIVE
MALVERN, PA 19355

State the term remaining

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

TERMINATION AGREEMENT
INTERCOMPANY AGREEMENT
DATED: 1/9/2017Actient Pharmaceuticals LLC
1400 ATWATER DRIVE
MALVERN, PA 19355

State the term remaining

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

TERMINATION AGREEMENT
INTERCOMPANY AGREEMENT
DATED: 1/9/2017Actient Therapeutics LLC
1400 ATWATER DRIVE
MALVERN, PA 19355

State the term remaining

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

REQUEST FOR RETURN OR DESTRUCTION OF
ANACOR PHARMACEUTICALS, INC.
CONFIDENTIAL INFORMATION RELATING TO THE
CONFIDENTIALITY AGREEMENT
CONFIDENTIALITY AGREEMENT/NDA
DATED: 5/17/2016ANACOR PHARMACEUTICALS, INC.
1020 East Meadow Circle
Palo Alto, CA 94303

State the term remaining

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

TERMINATION AGREEMENT
INTERCOMPANY AGREEMENT
DATED: 1/9/2017Anchen 2 Incorporated
1400 Atwater Drive
Malvern, PA 19355

State the term remaining

List the contract number of any government contract

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Anchen Incorporated 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>
2.7	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Anchen Pharmaceuticals 2, Inc. 1400 Atwater Drive Malvern, PA 19355</p>
2.8	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Astora Holdings, LLC 1400 Atwater Drive Malvern, PA 19355</p>
2.9	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Astora Women's Health Australia PTY, LTC Parkview Building F Unit 31 16 Mars Road Lane Cove, 2066 AUSTRALIA</p>
2.10	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Astora Women's Health Bermuda ULC 13200 Pioneer Trail Suite 100 Eden Prairie, MA 55347</p>
2.11	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Astora Women's Health France SAS 6 place de la Madeleine Paris, 75006 FRANCE</p>
2.12	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Astora Women's Health Germany GMBH Vossstrasse 20 Berlin, D-10117 GERMANY</p>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Astora Women's Health Holdings, LLC 1400 Atwater Drive Malvern, PA 19355</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Astora Women's Health Ireland Limited FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Astora Women's Health Spain SL Joaquin Turina 2 1 – Oficina6 Pozuelo De Alarcon Madrid, SPAIN</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Astora Women's Health Technologies Clarendon House 2 Church Street Hamilton, HM11 BERMUDA</p>
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Astora Women's Health, LLC 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Auxilium International Holdings, LLC 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Auxilium Pharmaceuticals, LLC 1400 ATWATER DRIVE MALVERN, PA 19355</p>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.20 State what the contract or lease is for and the nature of the debtor's interest TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017
 State the term remaining
 List the contract number of any government contract
 Auxilium UK LTD
 Orchard Lea
 Winkfield Lane
 Windsor
 Berkshire, SL4 4RP

2.21 State what the contract or lease is for and the nature of the debtor's interest TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017
 State the term remaining
 List the contract number of any government contract
 Auxilium US Holdings, LLC
 1400 ATWATER DRIVE
 MALVERN, PA 19355

2.22 State what the contract or lease is for and the nature of the debtor's interest BILLING PRACTICES AND PROCEDURES FOR OUTSIDE COUNSEL THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT
 State the term remaining
 List the contract number of any government contract
 BAKER & HOSTETLER LLP
 45 Rockefeller Plaza
 New York, NY 10111

2.23 State what the contract or lease is for and the nature of the debtor's interest BILLING PRACTICES AND PROCEDURES FOR OUTSIDE COUNSEL THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT
 State the term remaining
 List the contract number of any government contract
 BAKER DONELSON BEARMAN CALDWELL & BERKOWITZ, PC

2.24 State what the contract or lease is for and the nature of the debtor's interest INDEMNITY AGREEMENT DATED: 6/20/2016
 State the term remaining
 List the contract number of any government contract
 CITIGROUP GLOBAL MARKETS INC.
 388 Greenwich Street
 New York, NY 10013

2.25 State what the contract or lease is for and the nature of the debtor's interest AMENDMENT TO THE SERVICES AGREEMENT SERVICE AGREEMENT DATED: 5/30/2018
 State the term remaining
 List the contract number of any government contract
 COMPUTERSHARE COMPANIES

2.26 State what the contract or lease is for and the nature of the debtor's interest AMENDMENT TO THE TRANSFER AGENCY AND SERVICE AGREEMENT SERVICE AGREEMENT DATED: 3/24/2017
 State the term remaining
 List the contract number of any government contract
 COMPUTERSHARE INC.

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.27 State what the contract or lease is for and the nature of the debtor's interest AMENDMENT TO THE TRANSFER AGENCY AND SERVICE AGREEMENT SERVICE AGREEMENT DATED: 3/24/2017 COMPUTERSHARE INVESTOR SERVICES INC. 3100 Lake Drive Citywest Bus Campus DUBLIN 24, D24 AK82 IRELAND (EIRE)

State the term remaining

List the contract number of any government contract

2.28 State what the contract or lease is for and the nature of the debtor's interest TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017 CPEC LLC 1400 Atwater Drive Malvern, PA 19355

State the term remaining

List the contract number of any government contract

2.29 State what the contract or lease is for and the nature of the debtor's interest TOLLING AGREEMENT OTHER DATED: 8/15/2017 CUENO, GILBERT AND LADUCA, LLP 4725 Wisconsin Ave., Nw Suite 200 Washington, DC 20016

State the term remaining

List the contract number of any government contract

2.30 State what the contract or lease is for and the nature of the debtor's interest TOLLING AGREEMENT OTHER DATED: 8/15/2017 CUENO, GILBERT AND LADUCA, LLP 4725 Wisconsin Ave., Nw Suite 200 Washington, DC 20016

State the term remaining

List the contract number of any government contract

2.31 State what the contract or lease is for and the nature of the debtor's interest STARLIMS STATEMENT OF WORK – ATTACHMENT 1 STATEMENT OF WORK (SOW) DATED: 1/21/2021 DATA INTEGRATOR CORP 9765 E Tree Tops Ct Davie, FL 33328

State the term remaining

List the contract number of any government contract

2.32 State what the contract or lease is for and the nature of the debtor's interest TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017 DAVA International, LLC 1400 ATWATER DRIVE MALVERN, PA 19355

State the term remaining

List the contract number of any government contract

2.33 State what the contract or lease is for and the nature of the debtor's interest TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017 DAVA Pharmaceuticals, LLC 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977

State the term remaining

List the contract number of any government contract

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT TO SERVICE AGREEMENT SERVICE AGREEMENT DATED: 4/1/2017</p>	<p>DILIGENT CORPORATION 111 West 33Rd Street, 16Th Floor New York, NY 10120</p>
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>EQUITY EDGE ONLINE AND EMPLOYEE STOCK PLAN SERVICES AGREEMENT THIRD PARTY BENEFIT PROVIDER - I.E. WORKERS COMP, BENEFITS,</p>	<p>E*TRADE FINANCIAL CORPORATE SERVICES, INC. President 4005 Windward Plaza Drive Alpharetta, GA 30005</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Designated Activity Company FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Finance Generics LLC 1400 Atwater Drive Malvern, PA 19355</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Finance II Limited First Floor Minerva House Simmons Court Road Dublin 4, IRELAND</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Finance III Limited First Floor Minerva House Simmons Court Road Dublin 4, IRELAND</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Finance IV Limited First Floor Minerva House Simmons Court Road Dublin 4, IRELAND</p>

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2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Finance Limited First Floor Minerva House Simmons Court Road Dublin 4, IRELAND</p>
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Finance LLC 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Finance V Limited First Floor Minerva House Simmons Court Road Dublin 4, IRELAND</p>
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Finco Inc. 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Generics Holdings, Inc. 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Global Finance LLC 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Global Ventures VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA</p>

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Health Solutions Inc. 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Ireland Finance II Limited FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)</p>
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Ireland Finance Limited First Floor Minerva House Simmons court Road Dublin 4, IRELAND</p>
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo LLC 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Luxembourg Finance Company I S.à r.l. 18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG</p>
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Luxembourg Finance Company II S.à r.l. 2a rue Nicolas Bove L-1253 LUXEMBOURG</p>
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Luxembourg Holding Company S.à r.l. 18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG</p>

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.55	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Management Limited FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)</p>
2.56	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Par Innovation Company, LLC 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>
2.57	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Pharmaceuticals Inc. 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.58	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Pharmaceuticals Solutions Inc. 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.59	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Pharmaceuticals Valera Inc. 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.60	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo Receivables Limited 75 Fort Street Grand Cayman, KY1-1108 CAYMAN ISLANDS</p>
2.61	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Endo TopFin Limited FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)</p>

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo U.S. Inc. 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo US Holdings Luxembourg I S.à r.l. 18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG</p>
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo US Holdings Luxembourg II S.à r.l. 6 rue Eugene Ruppert L-2453 LUXEMBOURG</p>
2.65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Ventures Bermuda Limited VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA</p>
2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Ventures Cyprus Limited LAMPOUSAS, 1, 1095 NICOSIA, CYPRUS</p>
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Endo Ventures Limited FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)</p>
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>QUALITY AND SERVICE AGREEMENT INTERCOMPANY AGREEMENT DATED: 6/15/2018</p>	<p>Endo Ventures Limited FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)</p>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

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2.69 State what the contract or lease is for and the nature of the debtor's interest BILLING PRACTICES AND PROCEDURES FOR OUTSIDE COUNSEL AGREEMENT THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT FARRELL, WHITE & LEGG PLLC

State the term remaining

List the contract number of any government contract

2.70 State what the contract or lease is for and the nature of the debtor's interest TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017 Filterworks (PTY) LTD

State the term remaining

List the contract number of any government contract

2.71 State what the contract or lease is for and the nature of the debtor's interest TOLLING AGREEMENT OTHER DATED: 8/15/2017 FINE, KAPLAN AND BLACK, R.P.C. One South Broad Street 23Rd Floor Philadelphia, PA 19107

State the term remaining

List the contract number of any government contract

2.72 State what the contract or lease is for and the nature of the debtor's interest TOLLING AGREEMENT OTHER DATED: 8/15/2017 FINE, KAPLAN AND BLACK, R.P.C. One South Broad Street 23Rd Floor Philadelphia, PA 19107

State the term remaining

List the contract number of any government contract

2.73 State what the contract or lease is for and the nature of the debtor's interest TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017 Firefly Investments 223 (PTY) LTD

State the term remaining

List the contract number of any government contract

2.74 State what the contract or lease is for and the nature of the debtor's interest ENGAGEMENT AGREEMENT THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT LETTER DATED: 6/3/2016 FISH & RICHARDSON P.C. 601 Lexington Avenue 52Nd Floor New York, NY 10022

State the term remaining

List the contract number of any government contract

2.75 State what the contract or lease is for and the nature of the debtor's interest TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017 Generics Bidco I, LLC 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977

State the term remaining

List the contract number of any government contract

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Generics Bidco II, LLC 1400 Atwater Drive Malvern, PA 19355</p>
2.77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Generics International (US) 2, Inc. 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Generics International (US), Inc. 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>
2.79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERVICES AGREEMENT SERVICE AGREEMENT DATED: 10/30/2020</p>	<p>GENPACT (UK) LIMITED 6 Lloyds Avenue Suite 4CI London, EC3N 3AX UNITED KINGDOM</p>
2.80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>FEE AND EXPENSE REIMBURSEMENT AGREEMENT OTHER DATED: 3/25/2021</p>	<p>GIBSON, DUNN & CRUTCHER LLP</p>
2.81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Goldex 775 (PTY) LTD</p>
2.82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BILLING PRACTICES AND PROCEDURES FOR OUTSIDE COUNSEL THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT</p>	<p>GOODELL DEVRIES ADDRESS UNKNOWN</p>

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2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BILLING PRACTICES AND PROCEDURES FOR OUTSIDE COUNSEL THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT</p>	<p>GREENBERG TRAURIG, LLP</p>
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Grupo Farmaceutico Somar, S.A. de C. V.</p>
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>THREAT & ATTACK SIMULATION SERVICES PROFESSIONAL SERVICES PROPOSAL OTHER DATED: 6/26/2019</p>	<p>GUIDEPOINT SECURITY LLC 2201 Cooperative Way Suite 225 Herndon, VA 20171</p>
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Hawk Acquisition Ireland Limited FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)</p>
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LOAN, SUBSCRIPTION AND BUY-BACK AGREEMENT OTHER DATED: 7/31/2015</p>	<p>IMMUNOTEK PROPRIETARY LIMITED</p>
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BILLING PRACTICES AND PROCEDURES FOR OUTSIDE COUNSEL THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT</p>	<p>IMPERATRICE, AMARANT & BELL, PC</p>
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Innoteq, Inc. 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.90	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	CONSULTING AGREEMENT SERVICE AGREEMENT DATED: 1/26/2018	JEFFREY J. KIMBELL & ASSOCIATES, INC. 601 13Th St. Nw Suite 650 North Washington, DC 20005
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2.91	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017	JHP Acquisition, LLC 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977
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2.92	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017	JHP Group Holdings 2, Inc. 6 Ram Ridge Road Chestnut Ridge, NY 10877
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2.93	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017	JHP Group Holdings, LLC 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977
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2.94	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ENGAGEMENT LETTER OF ENDO INTERNATIONAL PLC SERVICE AGREEMENT DATED: 10/17/2016	JONES DAY 3161 Michelson Drive Suite 800 IRVINE, CA 92612-4408
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2.95	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	ENDO INTERNATIONAL PLC SERVICE AGREEMENT DATED: 11/2/2016	JONES DAY 3161 Michelson Drive Suite 800 IRVINE, CA 92612-4408
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2.96	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017	Kali Laboratories 2, Inc. 1400 ATWATER DRIVE MALVERN, PA 19355
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Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Kali Laboratories, LLC 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>
2.98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TALENT ACQUISITION LETTER OF ENGAGEMENT THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT LETTER</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>KORN FERRY (US) 1900 Avenue Of The Stars Los Angeles, CA 90067</p>
2.99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Laboratorios Serral, S.A. de C.V.</p>
2.100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Lakeside Salud Humana, S.A. de C.V.</p>
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>FIRST AMENDMENT FIRST ORDER FORM RENEWAL OF ORDER FORM NUMBER 1 SOFTWARE LICENSES AND IT CONTRACT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LEASEACCELERATOR SERVICES, LLC ("LAS") 10740 Parkridge Blvd. Suite 701 Reston, VA 20191</p>
2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LOAN, SUBSCRIPTION AND BUY-BACK AGREEMENT OTHER DATED: 7/31/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>LHG Project Bear Proprietary Limited</p>
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Litha Health Care Holdings (PTY) LTD</p>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

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2.104	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SUBSCRIPTION AND BUY-BACK AGREEMENT OTHER DATED: 7/31/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Litha Health Care Holdings (Pty) Ltd
2.105	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>LOAN, SUBSCRIPTION AND BUY-BACK AGREEMENT OTHER DATED: 7/31/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Litha Health Care Holdings (Pty) Ltd
2.106	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Litha Healthcare Group (PTY) 5th Street Sandton 2196 Private Bag 10015 Johannesburg, 2146 SOUTH AFRICA
2.107	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Litha Healthcare Group SSC Proprietary Limited
2.108	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Litha Medical Consumables (PTY) LTD
2.109	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Litha Pharma (PTY) LTD
2.110	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	Luxembourg Endo Specialty Pharmaceuticals Holding I S.à r.l. 18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.111	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Luxembourg Endo Specialty Pharmaceuticals Holding II S.à r.l. 2a rue Nicolas Bove L-1253 LUXEMBOURG</p>
2.112	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MASTER SERVICE AGREEMENT: IP PAYMENTS TERMS MASTER SERVICES AGREEMENT (MSA) DATED: 9/3/2020</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MASTER DATA CENTER, INC. 30200 Telegraph Rd. Suite 300 Bingham Farms, MI 48025</p>
2.113	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ACQUISITION OF SOMERSET THERAPEUTICS, LLC AND WINTAC, LIMITED BY ENDO INTERNATIONAL PIC ASSET PURCHASE AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MENDHAM HOLDINGS, LLC Attention: Arshad Kagalwalla 300 Franklin Square Drive Somerset, NJ 08873</p>
2.114	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>AMENDMENT NO. 1 TO THE BINDING AGREEMENT PURCHASE/PRICING AND SUPPLY AGREEMENT DATED: 2/16/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MENDHAM HOLDINGS, LLC Attention: Arshad Kagalwalla 300 Franklin Square Drive Somerset, NJ 08873</p>
2.115	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MUTUAL NON-DISCLOSURE AGREEMENT CONFIDENTIALITY AGREEMENT/NDA DATED: 8/10/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MESOBLAST LIMITED Level 38 55 Collins Street Melbourne, Victoria 3000 AUSTRALIA</p>
2.116	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Moore's Mill Properties L.L.C. 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>
2.117	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>MS Patient Care Pharmacy (PTY) LTD</p>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.118	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TOLLING AGREEMENT OTHER DATED: 8/15/2017</p>	<p>NASTLAW LLC 1100 Market Street Suite 2801 Philadelphia, PA 19107</p>
2.119	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION OF CDS COMPOSITION AGREEMENT TERMINATION LETTER/AGREEMENT DATED: 3/24/2017</p>	<p>OFFICE OF THE REVENUE COMMISSIONERS NATIONAL STAMP DUTY OFFICE Cross Block Lower Castle Yard Dublin Castle Dublin 2, IRELAND (EIRE)</p>
2.120	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>BILLING PRACTICES AND PROCEDURES FOR OUTSIDE COUNSEL THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT</p>	<p>O'MELVENY & MYERS LLP</p>
2.121	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Otc pharma SA (PTY) LTD</p>
2.122	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Paladin Labs Europe Limited Unit 5 Seapoint Building 44-45 Clontarf Road Dublin 3, IRELAND</p>
2.123	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Paladin Labs Inc. 100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA</p>
2.124	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Par Active Technologies Private Limited 1/58 Pudupakkam Main Road Pudupakkam Kelambakkam Chennai, Tamil Nadu, 603 103 INDIA</p>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Par Biosciences Private Limited 5th & 7th Floor Robert V Chandran Tower #149 Velachery - Tambaram Main Road, Pallikaranai Chennai, 600100 INDIA</p>
2.126	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Par Formulations Private Limited NO. 9/215 Pudupakkam Main Road Pudupakkam Kelambakkam, 603103 INDIA</p>
2.127	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SHARE-BASED COMPENSATION RECHARGE AGREEMENT INTERCOMPANY AGREEMENT DATED: 2/12/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PAR FORMULATIONS PRIVATE LIMITED 9/215 Kelambakkam-Vandalur Main Road Chennai, Tamil Nadu, 603103 INDIA</p>
2.128	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Par Laboratories Europe, Ltd. 40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM</p>
2.129	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Par Pharmaceutical 2, Inc. 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.130	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Par Pharmaceutical Companies, Inc. 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>
2.131	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Par Pharmaceutical Holdings, Inc. 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.132	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Par Sterile Products, LLC 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>
2.133	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Par Two Inc 1400 Atwater Drive Malvern, PA 19355</p>
2.134	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Par, LLC 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>
2.135	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>NON-DISCLOSURE AGREEMENT CONFIDENTIALITY AGREEMENT/NDA DATED: 12/20/2018</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PERRIGO COMPANY PLC Treasury Building Lower Grand Canal Street Dublin 2, IRELAND (EIRE)</p>
2.136	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Pharma Inmobiliaria, S.A. de C.V.</p>
2.137	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Pharmafrica (PTY) LTD [Third Party]</p>
2.138	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>BILLING PRACTICES AND PROCEDURES FOR OUTSIDE COUNSEL THIRD PARTY PROFESSIONAL I.E. CONSULTING ENGAGEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PHILLIPS MURRAH ADDRESS UNKNOWN</p>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SUPPLY AGREEMENT SUPPLIES AND MATERIALS CONTRACT DATED: 5/18/2006</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>PLANTEK USA INC. 2 University Plaza Suite 305 Hackensack, NJ 07601</p>
2.140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Quartz Specialty Pharmaceuticals, LLC 6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977</p>
2.141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>MOBILE APPLICATION SECURITY TESTING - SOW STATEMENT OF WORK (SOW) DATED: 3/4/2021</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SECURITY RISK ADVISORS 1760 Market St. 3Rd Floor Philadelphia, PA 19103</p>
2.142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Serral, S.A. de C.V. [Third Party]</p>
2.143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Slate Pharmaceuticals, LLC 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Somar Humana, S.A. de C.V. [Third Party]</p>
2.145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ACQUISITION OF SOMERSET THERAPEUTICS, LLC AND WINTAC, LIMITED BY ENDO INTERNATIONAL PIC ASSET PURCHASE AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SOMERSET THERAPEUTICS, LLC</p>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.146	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT NO. 1 TO THE BINDING AGREEMENT PURCHASE/PRICING AND SUPPLY AGREEMENT DATED: 2/16/2018</p>	<p>SOMERSET THERAPEUTICS, LLC</p>
2.147	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p>	<p>Timm Medical Holdings, LLC 1400 ATWATER DRIVE MALVERN, PA 19355</p>
2.148	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>TPG PARTNERS VI, L.P.-ACQUISITION OF SHARES ASSET PURCHASE AGREEMENT (APA) DATED: 5/6/2016</p>	<p>TPG PARTNERS VI, L.P.</p>
2.149	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>SERIALIZATION AMENDMENT TO APPLICATION SERVICES PROVIDER AGREEMENT SERVICE AGREEMENT DATED: 6/26/2007</p>	<p>TRACELINK, INC. 400 Riverpark Drive Floor 2 SUITE 200 North Reading, MA 01864</p>
2.150	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>STATEMENT OF WORK STATEMENT OF WORK (SOW) DATED: 1/15/2021</p>	<p>VECTOR MEDICAL, LLC 2001 Lincoln Street #2122 Denver, CO 80202</p>
2.151	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>STATEMENT OF WORK STATEMENT OF WORK (SOW) DATED: 1/27/2021</p>	<p>VECTOR MEDICAL, LLC 2001 Lincoln Street #2122 Denver, CO 80202</p>
2.152	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>AMENDMENT NO. 1 TO THE BINDING AGREEMENT PURCHASE/PRICING AND SUPPLY AGREEMENT DATED: 2/16/2018</p>	<p>VEEGO PHARMA, LLC Po Box 740434 Los Angeles, CA 90074-0434</p>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.		
List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.153	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>ACQUISITION OF SOMERSET THERAPEUTICS, LLC AND WINTAC, LIMITED BY ENDO INTERNATIONAL PIC</p> <p>ASSET PURCHASE AGREEMENT</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>VEEGO PHARMA, LLC</p> <p>Po Box 740434</p> <p>Los Angeles, CA 90074-0434</p>
2.154	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TERMINATION AGREEMENT INTERCOMPANY AGREEMENT DATED: 1/9/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Vintage Pharmaceuticals, LLC</p> <p>6 RAM RIDGE ROAD</p> <p>CHESTNUT RIDGE, NY 10977</p>
2.155	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>SUBSCRIPTION AND BUY-BACK AGREEMENT OTHER DATED: 7/31/2015</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WESTRATE TRADE AND INVEST PROPRIETARY LIMITED</p> <p>155 108Th Ave Ne</p> <p>Suite 650</p> <p>Bellevue, WA 98004</p>
2.156	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>TOLLING AGREEMENT OTHER DATED: 8/15/2017</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>WILLIAMS & CONNOLLY LLP</p> <p>725 Twelfth Street Nw</p> <p>Washington, DC 20005</p>
	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	
	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	

22-22549-jlg

Fill in this information to identify the case:

Debtor name Endo International plc

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): 22-22549 (JLG)

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the additional Page to this page.

1. Does the debtor have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 70 Maple Avenue, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 70 Maple Avenue, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 70 Maple Avenue, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 70 Maple Avenue, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 70 Maple Avenue, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 70 Maple Avenue, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.7 70 Maple Avenue, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.8 70 Maple Avenue, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.9 Actient Pharmaceuticals LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.10 Actient Pharmaceuticals LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.11 Actient Pharmaceuticals LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.12 Actient Pharmaceuticals LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.13 Actient Pharmaceuticals LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.14 Actient Pharmaceuticals LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.15 Actient Pharmaceuticals LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.16 Actient Pharmaceuticals LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.17 Actient Therapeutics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.18 Actient Therapeutics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.19 Actient Therapeutics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.20 Actient Therapeutics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.21 Actient Therapeutics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.22 Actient Therapeutics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.23 Actient Therapeutics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.24 Actient Therapeutics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.25 Anchen Incorporated	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.26 Anchen Incorporated	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.27 Anchen Incorporated	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.28 Anchen Incorporated	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.29 Anchen Incorporated	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.30 Anchen Incorporated	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:
2.31 Anchen Incorporated	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.32 Anchen Incorporated	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.33 Anchen Pharmaceuticals, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34 Anchen Pharmaceuticals, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35 Anchen Pharmaceuticals, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36 Anchen Pharmaceuticals, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37 Anchen Pharmaceuticals, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.38 Anchen Pharmaceuticals, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.39 Anchen Pharmaceuticals, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.40 Anchen Pharmaceuticals, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.41 Astora Women's Health, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.42 Astora Women's Health, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.43 Astora Women's Health, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44 Astora Women's Health, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.45 Astora Women's Health, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.46 Astora Women's Health, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.47 Astora Women's Health, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.48 Astora Women's Health, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.49 Auxilium International Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.50 Auxilium International Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.51 Auxilium International Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.52 Auxilium International Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.53 Auxilium International Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.54 Auxilium International Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 2: Creditor

	Name	Mailing address	Name	Check all schedules that apply:
2.55	Auxilium International Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.56	Auxilium International Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.57	Auxilium Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.58	Auxilium Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.59	Auxilium Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.60	Auxilium Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.61	Auxilium Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.62	Auxilium Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Column 2: Creditor

	Name	Mailing address	Name	Check all schedules that apply:
2.63	Auxilium Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.64	Auxilium Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.65	Auxilium US Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.66	Auxilium US Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.67	Auxilium US Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.68	Auxilium US Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.69	Auxilium US Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.70	Auxilium US Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.71 Auxilium US Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.72 Auxilium US Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.73 Bermuda Acquisition Management Limited		COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.74 Bermuda Acquisition Management Limited		COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.75 Bermuda Acquisition Management Limited		COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.76 Bermuda Acquisition Management Limited		JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.77 Bermuda Acquisition Management Limited		JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.78 Bermuda Acquisition Management Limited		U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.79 Bermuda Acquisition Management Limited		WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.80 Biospecifics Technologies LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.81 Biospecifics Technologies LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.82 Biospecifics Technologies LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.83 Biospecifics Technologies LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.84 Biospecifics Technologies LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.85 Biospecifics Technologies LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.86 Biospecifics Technologies LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.87 Biospecifics Technologies LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.88 Branded Operations Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.89 Branded Operations Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.90 Branded Operations Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.91 Branded Operations Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.92 Branded Operations Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.93 Branded Operations Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.94 Branded Operations Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.95 Branded Operations Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.96 DAVA International, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.97 DAVA International, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.98 DAVA International, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.99 DAVA International, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.100 DAVA International, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.101 DAVA International, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.102 DAVA International, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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2.103 DAVA International, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.104 DAVA Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.105 DAVA Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.106 DAVA Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.107 DAVA Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.108 DAVA Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.109 DAVA Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.110 DAVA Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.111 DAVA Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.112 Endo Aesthetics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.113 Endo Aesthetics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.114 Endo Aesthetics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.115 Endo Aesthetics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.116 Endo Aesthetics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.117 Endo Aesthetics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.118 Endo Aesthetics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.119 Endo Aesthetics LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.120 Endo Bermuda Finance Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.121 Endo Bermuda Finance Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.122 Endo Bermuda Finance Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.123 Endo Bermuda Finance Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.124 Endo Bermuda Finance Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.125 Endo Bermuda Finance Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.126 Endo Bermuda Finance Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.127 Endo Bermuda Finance Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.128 Endo Designated Activity Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.129 Endo Designated Activity Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.130 Endo Designated Activity Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.131 Endo Designated Activity Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.132 Endo Designated Activity Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.133 Endo Designated Activity Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.134 Endo Designated Activity Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.135 Endo Designated Activity Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.136 Endo Eurofin Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.137 Endo Eurofin Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.138 Endo Eurofin Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.139 Endo Eurofin Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.140 Endo Eurofin Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.141 Endo Eurofin Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.142 Endo Eurofin Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.143 Endo Eurofin Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.144 Endo Finance IV Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.145 Endo Finance IV Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.146 Endo Finance IV Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.147 Endo Finance IV Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.148 Endo Finance IV Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.149 Endo Finance IV Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.150 Endo Finance IV Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.151 Endo Finance IV Unlimited Company	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.152 Endo Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.153 Endo Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.154 Endo Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.155 Endo Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.156 Endo Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.157 Endo Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.158 Endo Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.159 Endo Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.160 Endo Finance Operations LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.161 Endo Finance Operations LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.162 Endo Finance Operations LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.163 Endo Finance Operations LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.164 Endo Finance Operations LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.165 Endo Finance Operations LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.166 Endo Finance Operations LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.167 Endo Finance Operations LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.168 Endo Finco Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.169 Endo Finco Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.170 Endo Finco Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.171 Endo Finco Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.172 Endo Finco Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.173 Endo Finco Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.174 Endo Finco Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:	
2.175 Endo Finco Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.176 Endo Generics Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.177 Endo Generics Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.178 Endo Generics Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.179 Endo Generics Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.180 Endo Generics Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.181 Endo Generics Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.182 Endo Generics Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:
2.183 Endo Generics Holdings, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.184 Endo Global Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.185 Endo Global Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.186 Endo Global Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.187 Endo Global Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.188 Endo Global Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.189 Endo Global Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.190 Endo Global Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.191 Endo Global Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.192 Endo Global Biologics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.193 Endo Global Biologics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.194 Endo Global Biologics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.195 Endo Global Biologics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.196 Endo Global Biologics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.197 Endo Global Biologics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.198 Endo Global Biologics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.199 Endo Global Biologics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.200 Endo Global Development Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.201 Endo Global Development Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.202 Endo Global Development Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.203 Endo Global Development Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.204 Endo Global Development Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.205 Endo Global Development Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.206 Endo Global Development Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:	
2.207 Endo Global Development Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.208 Endo Global Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.209 Endo Global Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.210 Endo Global Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.211 Endo Global Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.212 Endo Global Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.213 Endo Global Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.214 Endo Global Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:	
2.215 Endo Global Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.216 Endo Global Ventures	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.217 Endo Global Ventures	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.218 Endo Global Ventures	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.219 Endo Global Ventures	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.220 Endo Global Ventures	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.221 Endo Global Ventures	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.222 Endo Global Ventures	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:
2.223 Endo Global Ventures	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.224 Endo Health Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.225 Endo Health Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.226 Endo Health Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.227 Endo Health Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.228 Endo Health Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.229 Endo Health Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.230 Endo Health Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.231 Endo Health Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.232 Endo Innovation Valera, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.233 Endo Innovation Valera, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.234 Endo Innovation Valera, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.235 Endo Innovation Valera, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.236 Endo Innovation Valera, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.237 Endo Innovation Valera, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.238 Endo Innovation Valera, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.239 Endo Innovation Valera, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.240 Endo Ireland Finance II Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.241 Endo Ireland Finance II Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.242 Endo Ireland Finance II Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.243 Endo Ireland Finance II Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.244 Endo Ireland Finance II Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.245 Endo Ireland Finance II Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.246 Endo Ireland Finance II Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:	
2.247 Endo Ireland Finance II Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.248 Endo LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.249 Endo LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.250 Endo LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.251 Endo LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.252 Endo LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.253 Endo LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.254 Endo LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.255 Endo LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.256 Endo Luxembourg Finance Company I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.257 Endo Luxembourg Finance Company I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.258 Endo Luxembourg Finance Company I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.259 Endo Luxembourg Finance Company I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.260 Endo Luxembourg Finance Company I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.261 Endo Luxembourg Finance Company I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.262 Endo Luxembourg Finance Company I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:	
2.263 Endo Luxembourg Finance Company I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.264 Endo Luxembourg Holding Company S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.265 Endo Luxembourg Holding Company S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.266 Endo Luxembourg Holding Company S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.267 Endo Luxembourg Holding Company S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.268 Endo Luxembourg Holding Company S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.269 Endo Luxembourg Holding Company S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.270 Endo Luxembourg Holding Company S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.271 Endo Luxembourg Holding Company S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.272 Endo Luxembourg International Financing S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.273 Endo Luxembourg International Financing S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.274 Endo Luxembourg International Financing S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.275 Endo Luxembourg International Financing S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.276 Endo Luxembourg International Financing S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.277 Endo Luxembourg International Financing S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.278 Endo Luxembourg International Financing S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.279 Endo Luxembourg International Financing S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.280 Endo Management Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.281 Endo Management Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.282 Endo Management Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.283 Endo Management Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.284 Endo Management Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.285 Endo Management Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.286 Endo Management Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.287 Endo Management Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.288 Endo Par Innovation Company, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.289 Endo Par Innovation Company, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.290 Endo Par Innovation Company, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.291 Endo Par Innovation Company, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.292 Endo Par Innovation Company, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.293 Endo Par Innovation Company, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.294 Endo Par Innovation Company, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.295 Endo Par Innovation Company, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.296 Endo Pharmaceuticals Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.297 Endo Pharmaceuticals Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.298 Endo Pharmaceuticals Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.299 Endo Pharmaceuticals Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.300 Endo Pharmaceuticals Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.301 Endo Pharmaceuticals Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.302 Endo Pharmaceuticals Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.303 Endo Pharmaceuticals Finance LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.304 Endo Pharmaceuticals Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.305 Endo Pharmaceuticals Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.306 Endo Pharmaceuticals Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.307 Endo Pharmaceuticals Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.308 Endo Pharmaceuticals Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.309 Endo Pharmaceuticals Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.310 Endo Pharmaceuticals Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.311 Endo Pharmaceuticals Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.312 Endo Pharmaceuticals Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.313 Endo Pharmaceuticals Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.314 Endo Pharmaceuticals Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.315 Endo Pharmaceuticals Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.316 Endo Pharmaceuticals Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.317 Endo Pharmaceuticals Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.318 Endo Pharmaceuticals Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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2.319 Endo Pharmaceuticals Solutions Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.320 Endo Pharmaceuticals Valera Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.321 Endo Pharmaceuticals Valera Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.322 Endo Pharmaceuticals Valera Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.323 Endo Pharmaceuticals Valera Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.324 Endo Pharmaceuticals Valera Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.325 Endo Pharmaceuticals Valera Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.326 Endo Pharmaceuticals Valera Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.327 Endo Pharmaceuticals Valera Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.328 Endo Procurement Operations Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.329 Endo Procurement Operations Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.330 Endo Procurement Operations Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.331 Endo Procurement Operations Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.332 Endo Procurement Operations Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.333 Endo Procurement Operations Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.334 Endo Procurement Operations Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.335 Endo Procurement Operations Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.336 Endo TopFin Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.337 Endo TopFin Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.338 Endo TopFin Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.339 Endo TopFin Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.340 Endo TopFin Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.341 Endo TopFin Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.342 Endo TopFin Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:	
2.343 Endo TopFin Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.344 Endo U.S. Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.345 Endo U.S. Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.346 Endo U.S. Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.347 Endo U.S. Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.348 Endo U.S. Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.349 Endo U.S. Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.350 Endo U.S. Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.351 Endo U.S. Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.352 Endo US Holdings Luxembourg I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.353 Endo US Holdings Luxembourg I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.354 Endo US Holdings Luxembourg I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.355 Endo US Holdings Luxembourg I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.356 Endo US Holdings Luxembourg I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.357 Endo US Holdings Luxembourg I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.358 Endo US Holdings Luxembourg I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.359 Endo US Holdings Luxembourg I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.360 Endo Ventures Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.361 Endo Ventures Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.362 Endo Ventures Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.363 Endo Ventures Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.364 Endo Ventures Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.365 Endo Ventures Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.366 Endo Ventures Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.367 Endo Ventures Aesthetics Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.368 Endo Ventures Bermuda Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.369 Endo Ventures Bermuda Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.370 Endo Ventures Bermuda Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.371 Endo Ventures Bermuda Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.372 Endo Ventures Bermuda Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.373 Endo Ventures Bermuda Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.374 Endo Ventures Bermuda Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.375 Endo Ventures Bermuda Limited	VICTORIA PLACE, 5TH FLOOR, 31 VICTORIA STREET HAMILTON HM 10, BERMUDA	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.376 Endo Ventures Cyprus Limited	LAMPOUSAS, 1, 1095 NICOSIA, CYPRUS	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.377 Endo Ventures Cyprus Limited	LAMPOUSAS, 1, 1095 NICOSIA, CYPRUS	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.378 Endo Ventures Cyprus Limited	LAMPOUSAS, 1, 1095 NICOSIA, CYPRUS	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.379 Endo Ventures Cyprus Limited	LAMPOUSAS, 1, 1095 NICOSIA, CYPRUS	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.380 Endo Ventures Cyprus Limited	LAMPOUSAS, 1, 1095 NICOSIA, CYPRUS	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.381 Endo Ventures Cyprus Limited	LAMPOUSAS, 1, 1095 NICOSIA, CYPRUS	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.382 Endo Ventures Cyprus Limited	LAMPOUSAS, 1, 1095 NICOSIA, CYPRUS	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.383 Endo Ventures Cyprus Limited	LAMPOUSAS, 1, 1095 NICOSIA, CYPRUS	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.384 Endo Ventures Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.385 Endo Ventures Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.386 Endo Ventures Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.387 Endo Ventures Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.388 Endo Ventures Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.389 Endo Ventures Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.390 Endo Ventures Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.391 Endo Ventures Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.392 Generics Bidco I, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.393 Generics Bidco I, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.394 Generics Bidco I, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.395 Generics Bidco I, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.396 Generics Bidco I, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.397 Generics Bidco I, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.398 Generics Bidco I, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.399 Generics Bidco I, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.400 Generics International (US) 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.401 Generics International (US) 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.402 Generics International (US) 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.403 Generics International (US) 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.404 Generics International (US) 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.405 Generics International (US) 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.406 Generics International (US) 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:	
2.407 Generics International (US) 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.408 Generics International (US), Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.409 Generics International (US), Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.410 Generics International (US), Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.411 Generics International (US), Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.412 Generics International (US), Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.413 Generics International (US), Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.414 Generics International (US), Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.415 Generics International (US), Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.416 Generics International Ventures Enterprises LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.417 Generics International Ventures Enterprises LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.418 Generics International Ventures Enterprises LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.419 Generics International Ventures Enterprises LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.420 Generics International Ventures Enterprises LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.421 Generics International Ventures Enterprises LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.422 Generics International Ventures Enterprises LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.423 Generics International Ventures Enterprises LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.424 Hawk Acquisition Ireland Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.425 Hawk Acquisition Ireland Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.426 Hawk Acquisition Ireland Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.427 Hawk Acquisition Ireland Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.428 Hawk Acquisition Ireland Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.429 Hawk Acquisition Ireland Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.430 Hawk Acquisition Ireland Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.431 Hawk Acquisition Ireland Limited	FIRST FLOOR, MINERVA HOUSE, SIMMONSCOURT ROAD BALLSBRIDGE DUBLIN 4, IRELAND (EIRE)	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.432 Innoteq, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.433 Innoteq, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.434 Innoteq, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.435 Innoteq, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.436 Innoteq, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.437 Innoteq, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.438 Innoteq, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.439 Innoteq, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.440 JHP Acquisition, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.441 JHP Acquisition, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.442 JHP Acquisition, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.443 JHP Acquisition, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.444 JHP Acquisition, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.445 JHP Acquisition, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.446 JHP Acquisition, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.447 JHP Acquisition, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.448 JHP Group Holdings, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.449 JHP Group Holdings, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.450 JHP Group Holdings, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.451 JHP Group Holdings, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.452 JHP Group Holdings, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.453 JHP Group Holdings, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.454 JHP Group Holdings, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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2.455 JHP Group Holdings, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.456 Kali Laboratories 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.457 Kali Laboratories 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.458 Kali Laboratories 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.459 Kali Laboratories 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.460 Kali Laboratories 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.461 Kali Laboratories 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.462 Kali Laboratories 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:
2.463 Kali Laboratories 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.464 Kali Laboratories, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.465 Kali Laboratories, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.466 Kali Laboratories, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.467 Kali Laboratories, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.468 Kali Laboratories, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.469 Kali Laboratories, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.470 Kali Laboratories, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:	
2.471 Kali Laboratories, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.472 Luxembourg Endo Specialty Pharmaceuticals Holding I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.473 Luxembourg Endo Specialty Pharmaceuticals Holding I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.474 Luxembourg Endo Specialty Pharmaceuticals Holding I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.475 Luxembourg Endo Specialty Pharmaceuticals Holding I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.476 Luxembourg Endo Specialty Pharmaceuticals Holding I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.477 Luxembourg Endo Specialty Pharmaceuticals Holding I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.478 Luxembourg Endo Specialty Pharmaceuticals Holding I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.479 Luxembourg Endo Specialty Pharmaceuticals Holding I S.à r.l.	18, BOULEVARD DE KOCKELSCHEUER L-1821 LUXEMBOURG	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.480 Moores Mill Properties L.L.C.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.481 Moores Mill Properties L.L.C.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.482 Moores Mill Properties L.L.C.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.483 Moores Mill Properties L.L.C.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.484 Moores Mill Properties L.L.C.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.485 Moores Mill Properties L.L.C.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.486 Moores Mill Properties L.L.C.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

Name

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Name	Mailing address	Name	Check all schedules that apply:	
2.487 Moores Mill Properties L.L.C.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.488 Paladin Labs Canadian Holding Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.489 Paladin Labs Canadian Holding Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.490 Paladin Labs Canadian Holding Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.491 Paladin Labs Canadian Holding Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.492 Paladin Labs Canadian Holding Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.493 Paladin Labs Canadian Holding Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.494 Paladin Labs Canadian Holding Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.495 Paladin Labs Canadian Holding Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.496 Paladin Labs Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.497 Paladin Labs Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.498 Paladin Labs Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.499 Paladin Labs Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.500 Paladin Labs Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.501 Paladin Labs Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.502 Paladin Labs Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:	
2.503 Paladin Labs Inc.	100 ALEXIS NIHON SUITE 600 ST.-LAURENT, QUEBEC, H4M 2P2 CANADA	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.504 Par Laboratories Europe, Ltd.	40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.505 Par Laboratories Europe, Ltd.	40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.506 Par Laboratories Europe, Ltd.	40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.507 Par Laboratories Europe, Ltd.	40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.508 Par Laboratories Europe, Ltd.	40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.509 Par Laboratories Europe, Ltd.	40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.510 Par Laboratories Europe, Ltd.	40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:
2.511 Par Laboratories Europe, Ltd.	40 BANK STREET CANARY WHARF, E14 5DS UNITED KINGDOM	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.512 Par Pharmaceutical 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.513 Par Pharmaceutical 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.514 Par Pharmaceutical 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.515 Par Pharmaceutical 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.516 Par Pharmaceutical 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.517 Par Pharmaceutical 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.518 Par Pharmaceutical 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Column 1: Codebtor			Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:	
2.519 Par Pharmaceutical 2, Inc.	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.520 Par Pharmaceutical Companies, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.521 Par Pharmaceutical Companies, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.522 Par Pharmaceutical Companies, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.523 Par Pharmaceutical Companies, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.524 Par Pharmaceutical Companies, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.525 Par Pharmaceutical Companies, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.526 Par Pharmaceutical Companies, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Name	Mailing address	Name	Check all schedules that apply:	
2.527 Par Pharmaceutical Companies, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.528 Par Pharmaceutical Holdings, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.529 Par Pharmaceutical Holdings, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.530 Par Pharmaceutical Holdings, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.531 Par Pharmaceutical Holdings, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.532 Par Pharmaceutical Holdings, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.533 Par Pharmaceutical Holdings, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.534 Par Pharmaceutical Holdings, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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Column 1: Codebtor

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Name	Mailing address	Name	Check all schedules that apply:
2.535 Par Pharmaceutical Holdings, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.536 Par Pharmaceutical, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.537 Par Pharmaceutical, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.538 Par Pharmaceutical, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.539 Par Pharmaceutical, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.540 Par Pharmaceutical, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.541 Par Pharmaceutical, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.542 Par Pharmaceutical, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.543 Par Pharmaceutical, Inc.	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.544 Par Sterile Products, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.545 Par Sterile Products, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.546 Par Sterile Products, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.547 Par Sterile Products, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.548 Par Sterile Products, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.549 Par Sterile Products, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.550 Par Sterile Products, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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Name	Mailing address	Name	Check all schedules that apply:
2.551 Par Sterile Products, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.552 Par, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.553 Par, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.554 Par, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.555 Par, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.556 Par, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.557 Par, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.558 Par, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

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2.559 Par, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.560 Quartz Specialty Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.561 Quartz Specialty Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.562 Quartz Specialty Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.563 Quartz Specialty Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.564 Quartz Specialty Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK,N.A.,AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.565 Quartz Specialty Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.566 Quartz Specialty Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.567 Quartz Specialty Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.568 Slate Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.569 Slate Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.570 Slate Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.571 Slate Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.572 Slate Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.573 Slate Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.574 Slate Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

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2.575 Slate Pharmaceuticals, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.576 Timm Medical Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.577 Timm Medical Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.578 Timm Medical Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.579 Timm Medical Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.580 Timm Medical Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G	
2.581 Timm Medical Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	
2.582 Timm Medical Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G	

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor			Column 2: Creditor	
	Name	Mailing address	Name	Check all schedules that apply:
2.583	Timm Medical Holdings, LLC	1400 ATWATER DRIVE MALVERN, PA 19355	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.584	Vintage Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.585	Vintage Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.586	Vintage Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	COMPUTERSHARE TRUST COMPANY, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.587	Vintage Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A.	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.588	Vintage Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	JPMORGAN CHASE BANK, N.A., AS ADMINISTRATIVE AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.589	Vintage Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	U.S. BANK TRUST COMPANY, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.590	Vintage Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	UMB BANK, NATIONAL ASSOCIATION	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Name		Mailing address	Name	Check all schedules that apply:
2.591	Vintage Pharmaceuticals, LLC	6 RAM RIDGE ROAD CHESTNUT RIDGE, NY 10977	WILMINGTON SAVINGS FUND SOCIETY, FSB	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.592				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.593				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.594				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.595				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.596				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.597				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.598				<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:Debtor name Endo International plcUnited States Bankruptcy Court for the: Southern District of New YorkCase number (If known) 22-22549 (JLG)**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/09/2022
MM / DD / YYYY

X /s/ Mark T. Bradley

Signature of individual signing on behalf of debtor

Mark T. Bradley

Printed name

Chief Financial Officer

Position or relationship to debtor